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Raging River:
Seeing Addiction Through The Eyes Of The Parents and Siblings Of Addicts.

By
Mari-Anne Joslin

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

In
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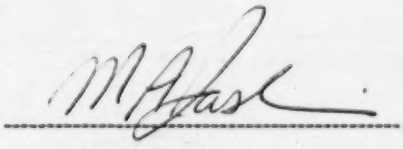

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Raging River: Seeing Addiction Through the Eyes of the Parents and Siblings of Addicts, submitted by Mari-Anne Patricia Joslin in partial fulfillment of the requirements for the degree of Master of Science in Family Ecology and Practice.

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Abstract

Addiction is a serious problem. It has economic, social and psychological impacts for the addict, their friends, family and society. Addiction devastates the life of an addict; it impacts the addict's relationships, particularly within the family. The addict's family members have been blamed for addiction, and involved in treatments of addiction but we know little about how family members perceive addiction.

This qualitative study collected data from five parents or siblings of addicts to detail how these family members viewed the addiction of a family member. Information was gathered using an open-ended interview technique to develop the emic perspective of the problem.

The metaphor of a trip down an uncharted river captured the experience of addiction from these respondents' perspectives. This began with the expectation of a calm ride but changed as they experienced rough water and obstacles. Addiction provided a significant and continuous impact on parents and siblings of addicts.

This thesis is dedicated those whose lives have been affected by addiction and who seek to find a way to live their lives to the fullest.

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CHAPTER 1: INTRODUCTION

Statement of the Problem

Addiction is a serious problem in our society. It has economic, social and psychological impacts for the addict, their friends and family and society as a whole. Addiction is not isolated or insulated from the rest of the addict's life. While addiction is personally devastating to the life of the individual addict, it also has an impact upon all the close relationships of the addict, particularly relationships within the family.

The notion of family has varying meanings. For some it refers to the intimate group of relatives or friends with whom one is currently living and interacting. For others the term family has been used to describe a unit of people with common parentage, that of procreation or orientation. (Historically, in the area of addictions, a narrow definition of family has been used which has focused on the addict's spouse, and/or children.)

There are widely accepted beliefs and myths about addicts and their families, but little scholarly research has investigated these relationships. Available research on family members and addiction has many limitations.

One of the limitations in the addictions research is due to sampling problems. Research on the families of addicts has been done primarily with the family of procreation including the spouses, primarily wives and children of alcoholics (Gomberg, 1989; Kaufman, 1980; Rotunda, Scherer & Imm, 1995; Schuckit & Sweeney, 1987). Samples have mainly been drawn from family members in treatment and may not be representative of the majority of the family members of addicts who never enter treatment (Gilvarry, 2000; Kaufman, 1980).

Another limitation of addiction research is that there has been more attention to the development of theories about addiction, with little attention to the testing of these theories through critical, systematic research (Gomberg, 1989). This has been especially true when looking at the role of the members of the family of orientation in addiction, and in recovery from addiction. (The family of orientation refers to the parents and siblings of the addict.) Although the addict's family of orientation has not been the focus of most theoretical models used in the addiction field, these models (which will be discussed later in this chapter) have influenced how others view these particular family members and how they view themselves. The theoretical models have been used to explain the dynamics of addiction but they fall short of explaining what is going on within the addict's family members.

Information about the addict's family of orientation shows up in the literature where information has been gathered about the family's history often while looking for causes of addiction (Haaken, 1993). While the addict's family of orientation has been implicated in causing the addiction (Carrol, 1998a; Institution of Medicine, 1997; Sherin, 1995) and has been cited as an important part of treatment (Glynn, 1982-1983; Hands & Dear, 1994; Kaufman, 1986; Straussner, 1994), there has been little or no research focused on this group of people particularly with respect to alcohol addiction. The addicts themselves provide most of the information we have about their family members (Kaufman, 1980; Robins, 1985), other than what we know about the spouses and children. There has been little opportunity for these other family members to tell their own stories. This researcher argues that a broader inquiry into the effects of addiction on other family members, such as siblings and parents, grandparents, aunts and uncles needs to be done in order to see

more clearly what relationships are like between the members of an addict's family. This research is important in helping addicts, their families, social agencies, treatment centers and government in meeting the family members needs and in providing intervention strategies that work.

The Research Overview

The study explored what the addiction problem of a family member has meant to an addict's parents or siblings. This information was gathered from the family members themselves using an open-ended interview technique to develop the emic perspective of the problem providing a rich elaboration of addiction from their personal perspective. This study was conducted as a qualitative inquiry. It was designed to systematically collect data from members of an addict's family of orientation in order to detail how these family members viewed the addiction problem of the addict. The family members that were included in this study were parents or siblings of an addict.

The study was stimulated by the researcher's belief that all family members are affected by addiction and that we need to have an understanding of what addiction means, from more of the family stakeholders, in order to deal effectively with addicts and their family members. This is vital information if we want to involve the addict's family members in treating the addiction problem. If we learn more about what it is like to live in a family affected by addiction, we will increase our understanding and knowledge of these family members and of addiction. This in turn, will allow us to be more effective and systematic in offering assistance to these family members and to the addict.

Purpose of this study

The purpose of this study was to gather information about what addiction means to the parents or siblings of an addict. In this study, the members of the addict's family of orientation were interviewed and the information that was gathered was used to describe the meaning of addiction for them.

Assumptions

This research was based on the following assumptions: that family members acknowledging an addiction, and assessing its meaning, are key elements in understanding how the members of an addict's family deal with the situation. As family members define their experience and give meaning to the addiction, they begin to deal with this situation, individually and as a family.

Next, I believe that the perspectives of the members of the family of origin of the addict are essential to obtain a comprehensive view of the reality of addiction, and other issues that seem to be related to the addiction problem. Addiction affects all members of an addict's family, not just a partner or children (Browne, 1988; Landry, 1994; Ziter, 1988). It affects the addict's family of orientation, specifically parents and siblings, as well as his or her family of procreation including spouses and children. The family members in this research represented the addict's family of orientation.

The next major assumption I made in this research was that I believed that most addicts use and abuse more than one type of drug (Carroll, 1988a; Carroll, 1988b;

Gomberg, 1989). Although they may have a drug of preference, they will use other drugs that become available to them. Therefore, the research was focused on the parents and siblings of adult addicts regardless of the substance that the addict has used. By allowing this breadth, the study reflected more accurately the addict's lifestyle and the impact of such a lifestyle on the family members. The specific substance or behaviour was not as important as what it does to the person and her/his family members. While many types of addiction are possible, such as food addiction, sexual addiction or gambling addiction, only people with substance addictions (to drugs or alcohol) were included in this study.

Definitions

Because of the variety of meanings that the words in this study can have to people, the researcher used these definitions throughout the study.

Addict: A person who has a strong compulsive need for a mood or mind altering substance on a regular basis that leads to an increased maladaptive behaviour and an increased physical dependence.

Family of Orientation: This is the addict's family of origin including parents and siblings.

The following chapter includes a review of the relevant theoretical and empirical literature on addiction from a broadly based review of alcohol abuse as well as abuse of specific drugs. In addition it includes a summary of what is known about the families of

addicts as well as what is known about the meaning of addiction to the parents and siblings of addicts.

CHAPTER 2: A REVIEW OF THE LITERATURE

There are many aspects of a review of the literature for a qualitative study on addiction. First and foremost, the writer must keep in mind that the purpose of the review of literature in a qualitative study are two fold: first to clarify and justify the selection of the area of study, including the research question, and secondly, to review the information available in the selected area of study. The amount of material on addiction is formidable and varied. Organizing the material in a way that makes sense to the reader and still explains the major points is a challenge.

In order to make this easier for both the reader and myself I have attempted to organize the literature review into three parts. Part one provides an overview of the theories that have been used to explain addiction with particular attention to the role of family members in these theories. The second part of the review includes an examination of the research that deals with the impact of family members on addiction. Finally, the third part of the review includes an examination of the research on the impact of addiction on the family members. Included in this section is research about codependency, which has become an important concept in describing the impact of addiction on families and family members.

Theories of Addiction

During the past hundred years or so many theories have been developed to try to explain addiction (Pita, 1992; Schuckit, 1995). These theories have been developed in an

attempt to explain the cause of addiction and the addict's behavior. These theories have driven most of the research in the area of addiction and it is important to understand them in order to understand the manner in which family members have been treated in much of the research in the area. While these theoretical models were not intended to explain the impact of addiction on the addict's family members, many have implicated the family as one of the primary factors precipitating the addiction of a family member (Haaken, 1993) and have therefore impacted the way that society looks at the families of addicts. For example Kaufman (1980) noted that one myth about families of addicts is that "family relationships are the key factor in causing and maintaining most if not all substance abuse" (p. 322).

An examination of these theories, which I have summarized into four categories: 1) moral theories, 2) disease theories, 3) systems theories, and 4) social learning theories, follows. For each theory I will explain the main tenets of the theory and then I will demonstrate how such tenets have impacted our interpretation of the experience of the addict's family members. Where it is possible, I will point out how these views have affected the understanding we, as a society, have about the family member's experiences of addiction.

Moral theories.

Historically, theory about the nature of addiction has varied. From the middle of the 1800's to the early part of the 1900's, addiction was viewed as a moral problem (Pita, 1992; Tomko, 1988). This was illustrated by the moral outcry against drinking that

became the movement towards prohibition. This theory focused on the addict and his or her moral fabric. The key theme of moral theories was that poor moral decisions were the crucial contributing factors to addiction. While the family was not typically a part of this theory, it was implicated, as a socializing unit, in the poor moral development of the individual. The family members were held at least partially responsible for the addict's moral deficiencies in that they were thought to have been inept in socializing the addict when they were growing up. Treatment associated with moral theories suggested that the family was the primary agent to correct the moral deficit in the addict. If the family members could not stop the errant family member from continuing the behaviour then the family was deemed dysfunctional. This theory had a strong element of blaming the family members for the addictive behaviour of the individual in the family. This model persists today in sociology in the concept of addiction as a deviance (Boritch, Creechan, Hackler, Hartnagel, Kennedy & Silverman, 1994) and medicine where it has been referred to as a personal pathology (Verheul & Van der Brink, 2000).

Disease Theories.

In the 1930's and 1940's, with the introduction of Alcoholics Anonymous (A. A.), there was a change in how addiction was viewed. A.A. defined addiction as a disease (Beattie, 1992; Cain, 1991; Krestan & Bepko, 1990) and disease theories were applied to explain addictive behavior (Tomko, 1988). Addiction was treated as an illness to be cured and as such was seen as a medical problem. Phases were identified in the disease of addiction and terminology associated with disease was now used to describe addiction.

While addiction is seen today more as biopsychosocial disease than it was when it was first presented in A.A., which saw it as strictly a biological disease (allergy to alcohol) (Landry, 1997; Robak, 1991), some of the common phases are still used today such as: active, treatment, recovery and relapse. In these theories family members were viewed as the source of biological/ psychological or genetic weaknesses that could be passed on from generation to generation (Gilvarry, 2000; Gold, 1994; Institution of Medicine, 1997; Sherin, 1995; Straussner, 1994). This view led to treatment programs, which treated addiction as a disease and which moved away from the blaming the addict and his or her family members, to a search for a physical or psychological cause and cure for addiction. The individual addict was put in a treatment program such as A.A. that typically used a 12-step approach combined with medical intervention. While from this perspective the addict's family members were freed from some of the social stigma with which moral theories had left them, a feeling still remained that they were defective in some way.

System Theories.

As time went on, family members were not only seen as affecting addiction but were also seen as being affected by it. System theorists viewed the family as a system that is both active and acted upon internally and externally (Buboltz & Sontag, 1993). Systems theories such as those developed by Minuchin (1974) and Steinglass (1987) proposed that all family members could be affected by the addiction problem of a family member.

Professionals working with addicts and their family members began to notice patterns in these people's lives. There seemed to be an environment of enabling behaviour created that contributed to continued addiction (Harper & Capdevila, 1990; Le Poire, 1992). Practitioners and researchers began to describe the behaviours displayed by these people as codependency. Codependency will be discussed in a later section of this review.

Other systems explanations for addiction and the behaviour of the addict's family members focus more broadly than codependency in that they considered the functioning of the family system as a whole (Bahr, Hawks & Wang, 1993; Boyd, 1993; Hicks & Cornille, 1993; Kaufman, 1986; O'Gorman, 1993; Pelletier & Coutu, 1992; Straussner, 1994; Troise, 1992; Wolfner & Gelles, 1993). These explanations take into consideration the complex relationships between and among addicts and their family members and those around them (Gilvarry, 2000). Addiction is viewed as part of a larger problem within the family, and the assumption is drawn that the whole family is less adequate than the families around them. Such explanations would predict that the families in which addiction occurs are more likely to have dysfunctional family patterns. This model implicates family members as contributors to the addiction of its members.

Social Learning Theory.

Social learning theories of addiction such as the Relapse Prevention Model (Tomko, 1988) suggest that addiction is the result of learning inadequate coping strategies in childhood (Bahr, Marcos & Maughan, 1993; Pita, 1992). Strategies such as

excessive use of denial, use of substances to control mood or over use of any coping technique can all contribute to the child inadequacies. Family members are again implicated in the development of addiction in that it is assumed that the family members have many of the same thinking patterns as the addict and have aided the addict learning these behaviors and maintaining them (Institution of Medicine, 1997). Treatment under this model or using this explanatory theory includes retraining the family member's thinking patterns to more socially acceptable patterns.

What is evident from this brief theoretical review is a movement from blaming the family members, to identifying complex reciprocal relationships, a movement from only taking the addicts' perspective to taking a broader view of those of all family members, and a movement from linear models to circular and holistic models. It is evident from these examples that some people think the members of the addict's family of origin, whether explicitly or implicitly mentioned within these models of addiction, is both influenced and influential (Bellenir, 1996; Gilvarry, 2000; Landry, 1994; Newton, 1995) in the experience of addiction of a family member.

Research on the Impact of Family Unit or Specific Family Members on Addiction

There are many times in the literature on addiction that the family members of addicts are seen to have an impact on the addiction of individual family members. Glynn (1982-1983) implicates the family members in the initiation, maintenance, cessation, and prevention of drug abuse by a family member. Problems within the family are seen as

having a negative impact on the individual and may therefore be related to their addiction problem. In the search to find the basis of addiction, many personal and relational problems in the addict's life have come to light as occurring more often in addicts than the general population. Some of these problems are, sexual abuse, physical abuse, other family members experiencing addiction, Post Traumatic Stress Disorder, teen pregnancy, school drop out, criminal involvement, child welfare involvement, HIV and AIDs, mood and anxiety disorders, Conduct disorders, Attention Deficit Syndrome, Attention Deficit Hyperactivity Syndrome and death (Daley & Campbell, 1993; Gilvarry, 2000; Kolodziej & Weiss, 2000; Landry, 1997; Miller, 1995; Neumark, Van Etton, & Anthony, 2000; Newton, 1995; Roy, 1999; Sherin, 1995; Teck-Hong, 1992). While none of these seems to be the sole source of addiction, (Bahr, et al., 1993; Boyd, 1993; Kaufman, 1986; Tallen, 1990) there are environmental, psychological and biological conditions that seem to contribute to the individual addict's predisposition to addiction. Many of these "deficiencies" implicate family members as a large part of the predisposition to addiction.

The surroundings that addicts grow up in are often less safe than other family environments in society. For example, there are higher reported levels of sexual abuse and sexual trauma among addicts than are reported in the general population (Boyd, 1993; Chiauzzi & Liljegren, 1993; Kaufman, 1986). There is evidence that addicts come from families with high levels of violence and physical abuse (Pelletier & Coutu, 1992; Wolfner & Gelles, 1993). In families where parents are addicted themselves, or where parents are not as involved with their children or where the parents are overly permissive there may be little supervision, leaving the children open to associate with other children who are using drugs (Bahr et al., 1993). In his study on alcohol use (which is the drug

most commonly used by adolescents) Bahr (1993) concluded that weak family bonds would increase the chance that the children would use alcohol. He came to this conclusion after a studying the results of a survey of 27,000 adolescents. In the survey, he was looking for factors that increased their risk of involvement with drugs and alcohol.

There is often a family history of addiction (Straussner, 1994) in the family member's of addicts. It is not clear whether this tendency toward addiction is based environmentally or biologically (Gold, 1994; Newton, 1995; Straussner, 1994). There is a possibility that some individuals and their family members are predisposed to addiction. If there is a biological link then it is not surprising that family members will be blamed for passing this biological flaw on to their children.

While the above summarizes the proposed negative impacts of poorly functioning family members on the predisposition to addiction, family members also may be considered to have a positive impact as a resource for those who wish to change their behaviour (Glynn, 1982-1983; Kaufman, 1986). In addition, family members are often involved in the treatment program in order to enhance the individual addicts chance of recovery. There has been recognition in the literature that environmental factors such as work environment, life stressors, family support and social isolation affect the addict's recovery (Le Poire, 1992; Tomko, 1988). As family members are seen as an important part of the environment, they therefore become an important part of the treatment of the addict (Gilvarry, 2000; Institution of Medicine, 1997; Le Poire, 1992; Straussner, 1994).

Research on the impact of addiction on family members

Much of the literature in the area of addiction has a very negative tone to it when addressing the family member's of addicts and that has often affected the way these family members are treated by people working in the addiction field (Harper & Capdevila, 1990). Unfortunately, few people realize that the impact of family members on addiction is only part of the story. Relationships, in general, and especially close relationships such as the family have a reciprocal component. When researchers began to look closer at the addict's family members, some time in the 1950's, (Troise, 1992) they found that there were some clear indications that addiction had many effects on family members (Bellenir, 1996; Landry, 1994). There were problems that the addict's family members had to deal with because of the addiction problem. These include: boundary problems, role confusion and enmeshment, dependency problems, marital problems, parenting difficulties, and increased legal and medical involvement.

Boundary problems

The addict's family members often have problems with boundaries (Ziter, 1988). They demonstrate more rigid and closed systems than other family units do. Some of this may be due to embarrassment or fear of discovery of addiction. Such fears may have lead to the family members becoming less socially involved and more isolated (Bellenir, 1996; Hicks & Cornille, 1993; Le Poire, 1992; Straussner, 1994; Waller & Mahony, 1999). Straussner explained that the time and effort needed to find and pay for drugs was

considerable and family life was impacted and interaction with others was impaired. Le Poire had a different explaination about why these families are isolated. Her theory was that they isolated themselves in order to maintain a fragile equilibrium in the family. Outside influences would cause a disruption and so they are avoided. What ever the reason for the isolation families with a closed system may not have receive timely interventions, sought help or allowed anyone to intervene as others are kept out of the inner working of the families. This means that such families may have operated in isolation for many years without outside interruptions, or input.

Role Confusion and Enmeshment

Researchers have also identified problems with family member's role confusion (O'Gorman, 1993; Straussner, 1994). Children may act as parent or partner to the addict or the addict's spouse (Straussner, 1994). Family members may also become enmeshed with each other (Kaufman, 1986; Straussner, 1994). The family role functions appear to change as the addiction of a family member becomes the focus of the family (Kaufman, 1986; Pelletier & Coutu, 1992; Schiff & Cavaiola, 1989; Snyders, et al., 1988) and the family members' individual identities become entangled with the addict's and his or her addiction.

Dependency Problems

Research evidence describes addicts as needing more support from family members than others in society do (Kaufman, 1986; Straussner, 1994). This is illustrated

by the fact that they are often quite limited in their ability to find jobs and keep those jobs, as they are not very good at consistently showing up for work or school, and they are also not very well educated (Straussner, 1994). Due to their limited economic resources, they are more likely to live with their parents and siblings for a much longer period of time than non-addicts (Kaufman, 1986) causing extensions in the normal family life cycle that involves children leaving the "nest" as adults (Kaufman, 1986; Straussner, 1994).

Marital Problems

The addicts functioning within his or her family of procreation can also cause problems. Addicts have been described as more inner focused and therefore have been less available to partners, children and other family members (Straussner, 1994). Their drug usage may lead to psychological disorders. That circumstance again makes them less available to family members. Psychologically addicts also have been reported as having lower self-esteem than non-addicts do (Boyd, 1993; Le Poire, 1992). They also have higher levels of anxiety and depression (Boyd, 1993). Addicts are also more likely to have been violent (Pelletier & Coutu, 1992; Straussner, 1994; Wolfner & Gelles, 1993). Addiction not only creates problems with marital communication, but also may interfere with normal sexual relationships (Blume, 1991; Covington & Kohen, 1984; Mandel & North, 1982; Platt, 1997; Teets, 1990; Schuckit, 1995; Straussner, 1994). The inconsistency of an addict in showing up for work often contributes to financial chaos within the family (Bellenir, 1996; Straussner, 1994). These things all can make family

and marital functioning more difficult, and can lead to behaviours that make it nearly impossible for family members to function as a healthy cohesive unit.

Parenting Problems

Addicts also have been described as having a hard time meeting their responsibilities as parents (Le Poire, 1992; Straussner, 1994). Female addicts in particular are also more likely to have children who have poor prenatal development (Saulier, 1991: Straussner, 1994), go through withdrawal at birth, or suffer from birth defects such as Fetal Alcohol Syndrome (F.A.S.) or Foetal Alcohol Affect (F.A.A.). Parents who are addicts are reported to have more child welfare involvement (Straussner, 1994). These parental behaviours often require family of origin members support, often called enabling (Straussner, 1994), over a long period. Enabling behaviours allow the addict to keep using drugs without having to face the consequences of their behaviour, such as losing a child-to-child welfare because they are not being properly cared for by the parent.

Increased Legal and Medical Involvement

The life style of the addict makes them more likely to be involved in illegal activities (Gilvarry, 2000; Straussner, 1994). They are also more likely to contract HIV and AIDs due to unsafe sexual practices and needle sharing (Straussner, 1994). All of these things have tremendous consequences for addicts' family members such as having

to care for the sick family member or their children or having to prepare for the death of the sick family member. These consequences can impact both members of the addict's family of origin (parents, siblings, grandparents aunts, uncles etc.) and for the families the addicts create (spouse, children, grandchildren, in-laws etc.).

Codependency

The term codependency is often used and has been the subject of some debate although there has been little formal study of the topic (Gomberg, 1989; Harper & Capdevila, 1990; Prest & Protinsky, 1993; Troise, 1995). Codependency has become quite important in any discussion about the families of addicts and therefore has been separated out for discussion in this section of the review that deals with the impact of addiction on family members. Much of the confusion about codependency centers on the lack of an objective, testable definition of the concept (Haaken, 1993; Harper & Capdevila, 1990; Kreston & Bepko, 1990), although attempts are being made to remedy this situation (Cermack, 1986).

History

Historically the concept of codependence seems to be directly linked to the view that wives of chemically dependent men develop a pathology that contributes to the addict's condition (Harper & Capdevila, 1990). This concept was used to explain similarities in the spouses of addicts. The theory proposed that the spouse of an addict

kept the addict in active addiction because if the addicted spouse stopped using drugs then the spousal relationship would become unbalanced. The theory suggests that it was in the codependent person's best interest to try to maintain the active addiction of the addict in order to "save" the relationship (Harper & Capdevila, 1990). While this is an intriguing theory, there is little evidence to support it. Evidence actually suggests there is a wide range of personalities that characterize the spouses of addicts (Gomberg, 1989; Troise, 1995). Codependency was merely one theory used to explain some of the puzzling behavior observed when practitioners encountered the spouses of addicts. Other writers have suggested that the spouses of addicts are suffering from a mental illness that may contribute to the initiation and continuance of the addict's addictive behavior (Asher & Brissett, 1988; Harper & Capdevila, 1990; Le Poire, 1992; Troise 1992) as a result of this illness.

The term codependency came to mean many things since its first inception in the 1950's. At first it was used to describe people in relationships with an addict, next it was used to refer to the behaviours which were seen as symptoms of a disease, and finally it referred to a definition which has codependency diagnosed as a type of addiction (Haaken, 1993; Krestan & Bepko, 1990; Prest & Protinsky, 1993; Schaef, 1987). Codependency has been used to describe spouses of addicts, as well as to describe the key characteristic of any relationship with an addict (Harper & Capdevila, 1990), and to refer to people who have been in any relationship described as dysfunctional (O'Gorman, 1993). The label has been used to describe individuals, families, systems and society as a whole (Schaef, 1987).

Studies

There have been few studies on the concept or theory of codependency although it was often used by the people who work in the treatment of addicts. Most of the research has focused on the wives of male addicts (Gomberg, 1989) and little attention has been paid to the problems faced by other family members and how they cope with the problems which addiction brings. As has been mentioned, the most common way the family members of addicts are dealt with in treatment is referral to an appropriate 12-step program (Harper & Capdevila, 1990; Salinas, O'Farrel, Jones & Cutter, 1991). The anonymity of the 12-step programs makes it hard to do formal research on the success patterns for individual recovery within these groups. It also is difficult to research since these studies can be perceived as intrusive and therefore against the traditions of the 12-step group (Chiauzzi & Liljegren, 1993). This makes a large portion of those who would meet the criteria for a study difficult to reach within the treatment community.

Where studies have been accomplished on the partners of addicts, a major negative effect of addiction on wives has been labelled codependency. Troise (1992) has done research on reduced intimacy levels in codependents. He assumed that if the wife of an alcoholic was truly unable to be involved in intimate relationships before marrying the alcoholic then it should show up in other relationships. He decided to test the level of intimacy in the relationship between the codependent and their best friend using the Miller Social Intimacy Scale. (The test is a self-report style and uses a Likert type of scale.) They used two groups, one was a control group of non-alcoholics wives and the other was a group of wives in either Adult Children of Alcoholics (ACOA) or Al-Anon.

He found that the wives of alcoholics did not differ significantly in levels of intimacy from the wives of non-alcoholics (Troise, 1992) using this scale. While conclusive, the author noted a problem with the sampling in this experiment as the wives in relationships with addicts were chosen were in ACOA (Adult Children of Alcoholics) or Al-Anon. Both groups encourage the development of close interpersonal relationships by sharing in meetings, sponsorship, by sharing personal strengths and weaknesses, and in continuous examination of relationships. The potential effects of the 12-step program were not controlled for in this experiment. In addition, there was some concern about the accuracy of the self-report instrument. One could also question the lack of involvement of the best friend, to determine the level of intimacy from the best friend's point of view.

Another study on the concept of codependency was done by Hinkin and Kahn (1995) using multidimensional testing and data analysis. The sample included women whose husbands were diagnosed as addicts, those whose husbands were diagnosed with a psychiatric disorder, and a group of women whose husbands did not present either disorder. It also included a group of people who self identified as codependents and were in a 12-step self help group. These researchers controlled for the effects of the 12-step program by choosing individuals with less than a month in the program to minimize the effects of the program on individual scores. They also controlled for family members addiction problems by having the participants report family members addiction histories and using these histories as a variable in data analysis. The results of this study were quite different from those of Troise. The wives of alcoholics scored significantly higher on measures of interpersonal sensitivity, hostility, and excessive drinking. They were more depressed, dependent, and dissatisfied with their present relationship. They did not

show significantly lower levels of self-esteem and did not consider members of their families of origin as less psychologically healthy. Subjects with alcoholic family member backgrounds had significantly lower self-esteem, increased interpersonal sensitivity, hostility and excessive drinking. The symptomatology of Adult Children Of Alcoholic's was different from that of the spouses of alcoholics. This may help to explain the discrepancies in the literature. There seems to be two different subgroups of codependents, adult children of alcoholic's and spouses. One conclusion might be that living with an alcoholic is associated with increased psychological difficulty (Hinkin & Kahn, 1995).

Fischer, Spann & Crawford (1991) have also done a study in the area of codependency. They tested for codependent characteristics using the Spann-Fischer Codependency Scale. They controlled for outside influences and mentioned that they needed to increase sample size for self-identifying codependents. They found that self esteem, external locus of control, anxiety, depression all were positively correlated with codependency. Low maternal support was seen as being a positive correlate that would indicate higher codependency in women but it was correlated negatively in men. The scale was developed using characteristics listed in the literature on codependency and was tested quite thoroughly for reliability and validity. This scale was recommended for further use in the addiction field in identifying people who are at risk for psychological and interpersonal dysfunction. The researcher suggested it could be used to assess progress in a recovery program, or could be used in further research in the area (Fischer, et al., 1991).

Children

Codependency has also been used to describe the responses of the children of addicts (Gomberg, 1989; Hand & Dear, 1994; Harper & Capdevila, 1990; Hinkin & Kahn, 1995). Others have described these behaviours as an adaptive and understandable response to a chaotic environment (Kreston & Bepko, 1990).

Research has suggested that children living with an addict learn to scan their environment constantly and adjust their behaviour to keep that environment safe. The children begin to believe that they can control the environment if they can only figure it out. In the process of developing this extreme sensitivity to the environment, they may lose their own identity. Kreston & Bepko (1990) question labelling the behaviour described above as codependent because such labelling blames the victim.

Critiques of the Codependency Literature

There have been criticisms of the use of the word codependent. One such criticism is that the definition has been expanded without consideration to its relevance, or applicability to theory or practice. Some definitions are so broad that they can now be applied to virtually the entire population of the USA (Gomberg, 1989). Others say the concept assumes that there is a functional family that is not influenced by gender inequality (Kreston & Bepko, 1990) and they question if that assumption is true. Another criticism is that the labelling gives the illusion of influence over the addict by treating the codependent (Troise, 1995). It is seen as a way of blaming the victim for the addict's

behaviour (Troise, 1995). If the codependent person is viewed as a victim, this person is disempowered in the relationship (Krestan & Bepko, 1990). There are questions about the label being valid as a diagnosis as there has been little study or research in the area, and the application of this diagnosis can carry great stigma (Harper & Capdevila, 1990).

Some see codependency as another way to blame women for the problems of men and the social roles that have resulted from a patriarchal society (Chiauzzi & Liljegren, 1993; Kreston & Bepko, 1990; O'Gorman, 1993; Tallen, 1990; Troise, 1992). Other see it as labelling a normal reaction to the social roles that women are taught to play in our society (O'Gorman, 1993), or to the stress of living with an addict (Asher & Brissett, 1988; Kreston & Bepko, 1990; Le Poire, 1992; O'Gorman, 1993; Troise, 1995) as deviant.

Although there has been much criticism of the concept of codependency and the empirical data justifying the conceptualization is minimal, it has continued to be the key descriptor for the experience of the friends and relatives of an addict. Some of the reasons for this could be the promotion of the term by the self-help industry (in their push to sell books), the ambiguity of the definition that allows people to pick and choose among all the characteristics of codependency, the susceptibility created by the confusion and upset felt by the individuals (Asher & Brissett, 1988) and the surprising positive influence such a label has had on the family members of addicts (Hands & Dear, 1994). This label can provide a way of making sense of a relationship with an addict and can help family members refashion or reframe their current situation, sort out their past and construct a hopeful future (Asher & Brissett, 1988; Haaken, 1993). If it is viewed as learned helplessness it can provide a basis for a plan of action in getting out of the

behaviour and can therefore be a term that is empowering for the individual (O'Gorman, 1993).

Conclusion

Looking fully at the literature, I believe that the family members of addicts in particular parents and siblings have not had enough direct study (Gilvarry, 2000; Institution of Medicine, 1997). We know little about their experience of addiction. We know that the addiction of a family member impacts them at many different levels but aside from trying to define their experience as a mental illness we have done little to find out what their lives are really like. We have some idea of the impact of addiction on the addict's spouse (particularly their wife) and children but we have very little information on other family members' experience of addiction.

CHAPTER 3: METHODS

In this chapter, I will outline the methodology for this research, including sampling procedures, interviewing procedures, and how the information was analyzed.

Finding The Sample

This discussion reflects a chronological progression of the research process involved in this study. Initially I began this study by establishing the following criteria for respondents: individuals who were over eighteen and who were either the parent or sibling of an addict who was over 18 and not living at home. The reason for making the distinction of addicts not living at home was that I felt that the family members needed to have had a break from the daily concerns of addiction in order to be able to reflect fully on their experiences. In addition, I wanted the process of retelling to be as painless as possible and I felt that if the family members had a bit of a break from the addict the interview would be less painful. I also wanted the family respondents to have a chance to process some of what had been going on in the family over the course of the addiction. Because I was interested in a family perspective, I wanted to interview at least one parent and one child in the family to explore each family member's experience of addiction. I planned to get my sample using a purposive convenience sample (Miles & Huberman, 1994; Palys, 1992). I would approach people I knew in Narcotics Anonymous and Nar-Anon, two well-known 12-Step self-help groups. (Narcotics Anonymous is a group made up of addicts and Nar-Anon is comprised of an addict's friends and family members.) I

anticipated that when recruiting from these groups it was important to respect the operation of the group meeting. Thus, I initially discussed the research outside of group meeting time so as not to disrupt the group, or break its traditions (Chiauzzi & Liljegren, 1993). I talked to people before and after group meetings, and I approached people in my personal and professional life that I knew were dealing with addiction in their families. I described to them what I was trying to do and gave them a one-page leaflet outlining the study and its objectives (see Appendix). I asked people to keep the information sheet and to think about their interest in participating if they had not decided. I also asked them to pass the information along to anyone they thought might be interested in participating in the study.

Problems Getting a Sample

Getting a sample for this study was difficult. There were many reasons why this was so. It can be a difficult topic to talk about as it brings up potentially painful and embarrassing memories for the family member and often asks them to remember some of the darkest times of their lives. For many family members the addiction of a family member is embarrassing and shameful and they were reluctant to speak about it to other people. For other people who were siblings or parents of an addict their lives were very busy dealing with the aftermath of the addiction and participating in a study would potentially tax their resources beyond what they were willing or able to give. Due to these difficulties, it took quite a while to recruit participants for this study. Thus, when participants were finally found it was important to treat them with compassion, consideration and respect.

Early on in the recruitment process, I ran into some difficulties with the criteria I had set for the sample. Between the time when I got ethics approval and started the study, social policy changes made it necessary for me to alter my original selection criteria. In order to reduce the number of people on social assistance in Alberta the provincial government initiated a policy to remove people from the welfare rolls whom they considered able to work. Many addicts were in this group and were dropped from social assistance programs. Not having anywhere else to go, many addicts ended up moving back to reside with family members. As a result of these policy changes, I had people who were interested in participating in the study but did not meet my criteria because they now had the addict living with them, or another family member.

In light of this social policy change, it became apparent that I was not going to get an adequate sample using this criterion, so I amended the criteria in order to include family members if they at any time had spent more than a year living away from the addict. I hoped that the break they had in living with the addict would make talking about it less painful for them, I also hoped that the time away from the addiction problem would give them some time to process what addiction had meant to them.

The first positive response to my leaflets came from two people from the same family, a parent and a sibling. After numerous unsuccessful attempts to coordinate an interview, I decided there was some reluctance on their part to participate in the study. Thus, I continued to look for others who might participate. I had a few individuals who said they would like to participate in the study but others in their family were not interested. I soon realized that it was unlikely that I would get more than one family member from the same family to participate. I realised again that my inclusion criteria

would have to change. I decided, reluctantly, that I was not going to get a sibling and parent from the same family and so I decided that in order to get several family members' perspectives I would look for either parents or siblings of addicts who were not necessarily related. I was determined to get representation from both groups in the study. I wanted to start to get an emic perspective of addiction from members of the family of orientation and that meant that both parents and siblings needed to be included in the study. Because I had to change the criteria in this way, the focus was no longer a family unit of analysis. Even so, by including both parents and siblings I would still be able to explore the meaning of addiction to both siblings and parents of addicts. Unfortunately, I would be unable to see the way the meaning of addiction affected several people within the same family.

Finally a Sample!

I went back to the people to whom I had previously given information sheets informing them of the changes. I asked them to reconsider participating in the study and asked them to tell any parents or sibling of addicts that they knew about the study and to give them my phone number if they were interested in participating.

I began to have people contact me (some by phone, some face to face) about participating in the study. Since I knew all the people who talked to me about participating in the study, I knew they met the criteria for inclusion. This however, compelled me to take extra efforts to ensure that their participation was indeed voluntary. I wanted to be sure that they were getting involved in the study because they wanted to,

and did not feel they were being pressured by me or anyone else to be involved in the study. I assured them of their right to leave the study at any point without the fear of reprisals. I made it clear to them that I would not be upset if they did not want to participate now or at any point in the study, and that it would not affect our relationship. I explained that they did not have to answer any questions they did not want to answer. At this time, I also made sure that they understood the intent of the study and knew what the time commitment was. I also explained that I would protect their privacy in the study. I made it clear at this point that I would share the information gained in this study at the university and beyond in order to help others understand their perspective about addiction. If there was a mutual sense that their involvement was appropriate, they signed an informed consent form and a time was arranged for them to be interviewed.

In all five individuals were interviewed for this study. One father, two mothers and two sisters of addicts comprised the sample. The parents were all in their forties to sixties. The sibling's ages ranged from twenty to late forties. One of the siblings had an addiction problem in the past, as did one of the parents. Four of the participants had involvement in twelve step programs and one had not.

Setting up the Interview

All participants were given a choice about where they wanted to be interviewed, either in their home or mine. I wanted them to be in a comfortable setting for the interview. (This was only done this way because I knew the participants well and felt safe with them and they felt safe with me.) The participant chose times but I requested

that a full morning, afternoon or evening would be committed to do the interview. This allowed time to do the interview without being rushed. It also left us with enough time to talk afterwards, debriefing anything that had come up in the interview or that they felt needed more discussion. Each interview was scheduled for a four-hour time span. Although only one interview took up the whole four hours, it put the participant and me at ease to know we had enough time to talk without rushing. None of the interviews were rushed and there was plenty of time for casual talk, the interview and my own assurance that each of the participants not distressed at the conclusion of the interview. Three of the five people were interviewed in their homes and two were interviewed in my home. All interviews were held in a comfortable room in the house either the living room or kitchen. Some of the participants smoked and I wanted them to be able to smoke if they needed or wanted to during the interview, something that was not allowed in the space we had available for interviews at the university. In order to protect the identity of the participants and to allow for privacy for the interview, I requested that we be the only ones home during the interview. At the interviews held in my home, the phone was turned off to decrease the possibility of interruptions.

The Interview

In preparing for the interview, a series of focussing questions was prepared (see Appendix) to use during the interview. These questions were not to be used one by one but they were available to prompt the participant if there was a lull in the participant's

story or to use if the interview was slow to start. They also helped me to see if the participant had covered all the areas in which I was interested.

Before the interviews began, each participant was asked to read and sign an Information and Consent Form (see Appendix) to again be sure that they understood the study and their rights while participating in the study. They were also asked to fill out a Participant Information Form (see Appendix) that provided information about them, the addict or addicts in their family and their relationship to the addict. This information was used to determine whether addicts used more than one drug (Gomberg, 1989), to outline the general characteristics of the participants, and to possibly offer additional information during analysis. All interviews were taped using two tape recorders. I chose not to take notes during the interviews because I did not want anything to distract the participants or myself while the interview was going on.

Spradley & McCurdy (1972) suggest that interviews begin with a "Grand Tour question" and that seemed appropriate here. Thus the first thing asked of all the participants was: "Tell me about _____'s addiction." After asking this broad question I listened attentively to their answers and encouraged them to keep talking. The prepared questions were used to clarify information or to stimulate the participant if they were struggling with what to talk about next. The participants required few prompts. The formal interview itself took between 45 min and 1 1/2 hours. For all the participants, the interview was very emotional, some cried openly, some got choked up, some got angry and some did all three. Retelling their stories brought back painful memories and I spent 1/2 hour to 2 hours after the interview just talking to the participants to make sure they were not distressed. Participants were given contact numbers for community agencies

(see Appendix) with programs for family members of addicts in case something came up later and they needed to talk to a professional resource. They all had my phone number too if they wanted to call me to talk. After each interview I reviewed the questions asked to determine which questions were best in eliciting the meaning of addiction from the participant's viewpoint. I found that the questions I had first made up worked well along with responses that came spontaneously during the interviews as I was listening to their stories.

Handling the Data

Each interview was transcribed from the tapes as quickly as possible following the interview. After they were transcribed, the transcription was checked for accuracy against the each of the two tapes of the interview. Transcriptions were put on computer disk so that they could be manipulated more easily during data analysis. After the transcript was checked, each interview was coded. Coding began after the second interview and subsequent interviews were coded after transcription. I looked for words and phrases that were repeated, and tried to identify themes that were emerging from the data as I was looking at it. After the first two interviews were coded at an initial level, I began to look for common themes or ideas that were emerging from the data gathered. As common themes were identified, they were listed on a separate page. After the themes for the first two interviews were identified, the other interviews were coded and as new themes emerged they were added to the list of themes and were checked against the previous interviews to see if the themes were consistent with the information gathered in

previous interviews.

As the themes emerged and were recorded, I began to set up a linear representation of the data. This linear representation included all the themes and it was organized into eight categories. While I was able represent the themes in this diagram I was not happy with the way it represented the data. It was not fluid enough to show the process that these family members used with while attempting to handle the addiction problem that had surfaced in the family. I considered Hill's (1971) roller coaster model of dealing with stress in the family because Jim had talked a bit about the feeling of being on a roller coaster when dealing with his son and stepdaughter. This representation worked well for describing the ups and downs the family members described but it didn't seem to deal with the stopping and starting that these family members had experienced. It also didn't include the bumping up against things that disrupted the family or which could give the family a break, such as an encounter with the criminal justice system. As I was looking for an image, I remembered something I had heard once when someone was talking about the addiction of a partner. They described it as a white water ride. As I began to look at that analogy, I realized that if the analogy were expanded it would work quite well to describe the experience of the members of the addict's family with whom I had spoken.

Once the themes were identified, the transcriptions were revisited and portions of the interviews that exemplified these themes were cut and pasted into a computer file for that theme (Morse, 1991). The analysis of the interviews continued until all examples of each theme was included in the category in to which it fit.

There was a lot of information gleaned in the interviews and so I have tried to

include as much information as possible in the participant's own words and have arranged the data in two forms to give the best possible representation of the experiences shared with me. The written analysis explains in detail what the respondent felt the family's experience of addiction was. It is categorized so it is easier to understand the key issues and impacts and to give flow to the presentation. Examples from the participant's interviews were included to give an idea of the feelings of the family members. I also included a visual representation of the family member's experiences. The next chapter will deal with the presentation of the findings in these forms.

CHAPTER 4: RESULTS

This chapter includes a presentation of the findings of this study. First a sketch of the participants is given. After that, I will present an analogy that seems to best describe the overall experience of the family members in dealing with an addict in their family. After that, each aspect of analogy will be illustrated with specific comments made by the participants during the interviews. Some of the quotes given by the participants were repeated as they contained more than one idea and it was not possible to edit the quote and still have it keep its integrity or meaning. All the names of the participants and their family members have been change to protect their privacy.

The Participants

Overview

This study included the stories of five parents or siblings of addicts. There were four women and one man involved in the study. Of these participants, three were the parents of an addict and two were siblings. Four had only one addict in their family, the fifth participant had two children to whom he was parent or stepparent; in three cases the participants had experienced addiction themselves. The following presents a thumbnail sketch of each participant. Real names have been changed.

Margaret

The first interview I conducted was done in the participant's home. The participant was a forty two year old woman. She was married, and a homemaker, as well as a part-time student. She had an addiction problem herself and had sought help in a self-help program. Her brother was the addict in her life and he was now living with a family member in another town. He had been addicted to drugs for about fifteen years, had used, and abused just about every drug there was. He had lived on the street away from his family over the time he was involved in his addiction. He had recently had a child and a near death experience that caused him to stop using drugs and to begin to build a relationship with his family members again. Margaret was a quiet, maybe even a little timid person. None-the-less she had a real sense of who she was and what she wanted to tell me. The interview flowed smoothly without me having to prompt her much at all. She spoke with passion as she related her story.

> It was awful seeing him in that state. You know it was really hard. Because we didn't know if he was going to be a vegetable or what and then when he woke up, and he was so, he looked so little there in the hospital bed. This big guy that's been so many years in prison, you know, he's really a very small man when you see him in a hospital bed.

In addition, she poignantly reflected on her concern and anger:

> Every news story you hear, every unidentified murder, everything you hear like that, you always think it's going to be him. And there was a lot of anger for me because I used to think of what it was going to do to my Mom.

Lisa

Lisa was a single woman who was 25 years old. She worked full time. She had some addiction problems herself and had been in counselling to deal with her own addiction. The addict in her life was her brother who was living at the time with her parents in another town. She had regular contact with him as she visited her parents regularly. Her brother was still actively using drugs at the time of this interview. Lisa said he had used hash, marijuana, crack cocaine, L.S.D. mushrooms and alcohol as far as she knew. Lisa was vivacious and animated during the interview. Her energy often sidetracked her so that the interviewer needed to guide her story with the questions the interviewer had prepared beforehand. She seemed positive about participating and had many stories that she was anxious to share with me as the interview progressed. She reflected on her overall long-term challenges of dealing with her brother:

> I don't want to cause waves for the period of time that I'm visiting or whatever. So it's just easier to say, "Ok here take the five bucks and screw off and don't come back for a couple hours so I can have a nice visit". Than going thru that whole bit. Or it's easier to just give him a ride to so and so's place than to listen to him for the next hour with his big loud music and swearing at you and you know it's easier to give in to him because then he leaves. Whereas with mom, she's got some sort of, she can, she can argue and fight and try and get her point across. And she can do, she can do it for hours and hours and hours. On principle, my mother will do anything. But I'm like that say at work, or at a whatever. But with Robert I have a hard time doing that. Although I've been picking up on no means no. No. "No! I don't have to explain to you. No I'm not going to explain to you. No." But that took a long time to do. And I've only started that probably over the past year, since, we when we actually labelled it, "Ok this kid's an addict".

Elaine

Elaine was a woman of 48. She was married and was a student. She has had addiction problems herself and has been involved in various treatment groups and individual counselling to help her with those addictions. She has also been involved in a self-help group for the family members of addicts. Her daughter was in her early twenties and was the addict in her family that we talked about in this interview. Elaine reported a long history of addiction in family members including her parents, her siblings and herself. While her daughter did not live with her, Elaine saw her often and they had quite a close relationship. Her daughter quit using drugs about two and a-half years ago but when she was using drugs, she used pot, T3's, cocaine and alcohol as far as Elaine knows. This woman was quiet, warm and quite introspective. She had done a lot of thinking about the addiction problems in her family. While she was calm throughout the interview, she spoke with deep feeling about the addict, and the experiences they have had.

> God was very generous and merciful to me. So she went into detox and I went to one meeting there. And then she got out of there and there was a waiting list for Henwood. And, she was really struggling. Really struggling. She was really suicidal. And I really had very little understanding of what was really happening to her. So she phoned Henwood, and they told her it would be three weeks until she could get in. And I was taking this class at the time and so I left for it going: Oh God, please, something needs to happen here. By the time I got home two hours later, Henwood had called and said they had a spot open now. I drove her out there. So she got into Henwood basically within a couple of days of getting out of detox which was miraculous. And then I went to the family thing out at Henwood.

Beth

Beth was a woman in her 50's. She was married and was a full time homemaker. She had never had an addiction problem herself but had participated in a self-help program for the members of the families of addicts. The addict in her life was her son who was in his late twenties. He now lives on his own but had moved home a couple of years earlier when he was trying to kick his drug habit. He had used cocaine, heroin, marijuana and alcohol as far as Beth knew and had been clean and sober for one and a half years. Beth reported that there were other family members who had problems with alcohol but she was reluctant to say who they were and I did not push it.

This woman was quite reserved, with a dry sense of humour and a quick wit. She seemed quite glad to participate and had no problem outlining the course of the addiction of her son and the impact of that addiction on her.

> My husband blamed me because I always gave him everything. I always did this.... And I blamed him because he didn't listen to him. You know and it went back and forward. Its your fault its my fault, and it nobody's fault. It settled down as soon as he came here. We realized that we had to be together, that we had to make it be seen that we were together on this. That nobody blamed anybody else and that we didn't blame him. We were more proud that he was getting help than we were mad at what he had done. Because basically it all came to down to it, the only person he harmed was himself. When it was all ironed out. We're OK, its only money and the only person he harmed was him because we're still together. The hard thing was admitting it to other members of your family. You know to your sisters and brothers, your mother. We told them right out. No bullshit. I mean we got to this stage and he'd admitted it, there was no bullshit and I told one sister. I asked her if she'd come over. I told her. And uh, it wasn't as if it was something new because they knew. I mean they were like us they had, you know, had seen his behaviour and it was just a case of confirming it.

Jim

Jim was 45 year-old man. He was married and worked full time. He had no addiction problems himself but had been involved in a self-help program for the family members of addicts. His teenage son, and stepdaughter who was in her early 20's, were the addicts in his family. He lived with his son at the time of the interview while his stepdaughter resided in another city close by. Jim had quite a bit of contact with his son who was living with him, but he had almost no contact with his stepdaughter although his partner did. Both of his children started using drugs when they were around twelve or thirteen years old. They had used marijuana, speed, cocaine, heroin, L.S.D., prescription medication and alcohol as far as Jim knew. His son had lived on the street for a period but his stepdaughter was able to avoid this by accessing social assistance.

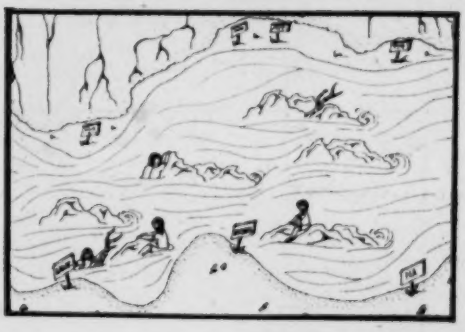
This man was quiet and calm. He spoke with deep feeling and was quite organized in his recall of the life he had with his addicted children and how that had affected him.

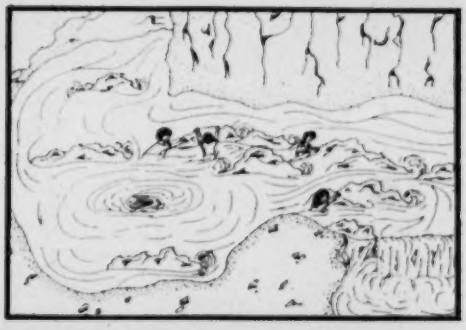
> You know, she was out of the house by the time she was 16 or17. Living on her own. Mitch was out of the house when he was 14 and sold anything he could get his hands on out of our house. Never, never knew where it went. He returned two different times within a month and broke into our house and robbed the TV and VCR. I went to the point of putting different locks on the house and bars on the windows, and security system. The bars on the windows and all that stuff came after the second time when he decided to kick the door in and steal everything. A brand new TV and VCR that I'd bought probably seven days earlier. He would leave notes on the wall saying "You think you can lock me outta the house, you're wrong. I'll break in".

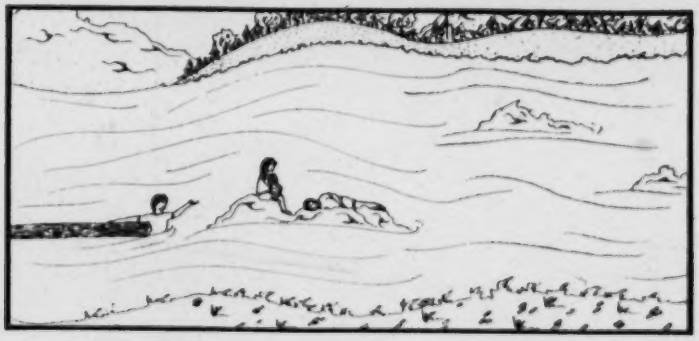
An Image of Family Members Living With Addiction

When I was trying to come up with an image that seemed to best represent the experiences of the people who shared their stories of addiction in their families with me there were a few images that came to mind, but the image that seems to best express the experience of the family members of addicts that I interviewed was that of a person traveling by raft down a river (See Figure 1, following page). At times the trip seem to have a Tom Sawyer quality to it, the sun is out and the river is slow and the riders on the raft, the family members, relax and enjoy the ride and all that it brings with it. At other times the ride becomes quite frantic, the river is rough and full of rocks and trees, and the ride become quite precarious. The riders hold on to the raft for dear life but cannot seem to hold on to anything, so one or all of them are thrown from the raft and seek refuge from the water with anything that is available. Each rock and tree becomes a lifeline and the family members who were once innocently riding on the raft enjoying the ride now are fighting for their very existence as individuals and a group. The river becomes a nightmare, full of twists and turns, rocks on every side and sheer rock walls on each side so that climbing out of the river seems like an impossible task. The river has rapids that batter the family members, whirlpools that disorient them and waterfalls that drop them suddenly. They have no map of the river to guide them; although there may be someone out there who can help them if they can only free themselves from the river and gather enough energy to go for help. The river fluctuates between calm and storm, and the family members struggle to survive the journey that they have begun, unsure of what is ahead and confused how to prepare for this uncertain journey. They seem to either

Figure 1:
The
Raging River
Of Addiction







huddle together in the storm or seek refuge on their own. When they are in a calm spot they try to relax and enjoy the journey but they are haunted by the images they have of their rough river experiences. These memories prevent them from getting back to the calm they had at the start of their journey. As a result of their past experiences they did not relax during these calm periods and instead spent their time trying to gather the necessities of life together to face the next turbulent part of the passage. In the next section of this chapter we will hear how the journey down the river has gone for these family members, how they have been impacted by the journey, and what the addiction of a family member has meant to them.

The start of the journey

Figure 1a: The Start of the Journey

These family members started out their journey much in the same way other families around them began life in a family. Three of the families were intact original

biological families, one family was a blended family with children of both parents living in the home, and one was a couple, in which one partner had brought a child from a previous relationship and their biological child. All of the family members had been together for eighteen years or more.

Early in their life journey, the family members begin to do one of the fundamental tasks of families, the raising of children. Things progress normally for a period. This period like the Tom Sawyer river trip was relatively calm, generally things went along much as expected and the family members had no idea that the trip was going to get very hectic. In most of the families there were early warning signs that things were not going to stay this way for long and while the family members had no idea what the trouble was, they could sense something was brewing.

Early Warnings

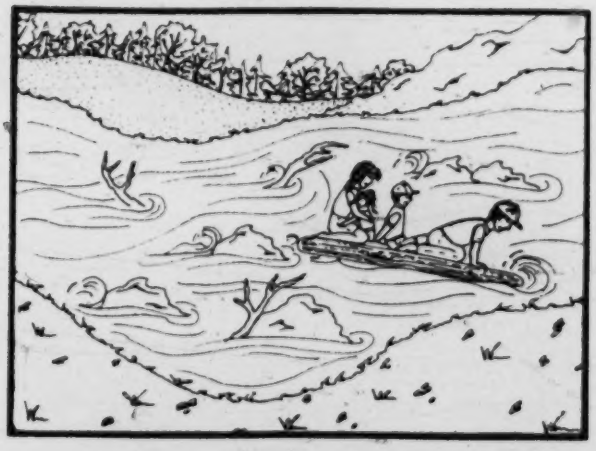


Figure 1b: Early Warnings, Something's Wrong

The trip did not stay this idealistic however and in time it became apparent that things were not progressing like things do in other families. One of the children seemed to have more problems than the others and they seemed to be in trouble more often. Parenting them became a challenge and compared to other kids their age there appeared to be something wrong with the way this child was acting. They did not seem to be the same as other kids in the family or the children of acquaintance and friends. The family members hit some rough water.

Lisa says, about her brother:

> There is something wrong with him. Mom there is something wrong with him. Like there is something wrong with him.

And she went on to describe what was wrong:

> Something's never been right with him.
>
> We have to keep Robert so that Robert's not looking for attention, not seeking attention, not getting into fights... It was always, keep Robert occupied, so that he doesn't act out.

Elaine reflects:

> I can't help but wonder what the hell is going on. You know, tells me that there is something going on.... She said something to me about thinking that my father had molested her.... Then the bulimia thing happened.... She was really depressed and uh, suicidal.... She was highly suicidal....it was really hard to have any comprehension of what was going on with her other than I knew she was extremely depressed.... She was self-medicating. That's what she'd been seeing me do.

Beth also talked about her son's depression:

> He was depressed all this time.
>
> He told his sister the only reason he was staying alive was because of us. Cause as far as he was concerned life didn't mean anything.

Things kept getting worse and the family members tried to hang on, as the ride got rougher and rougher.

Hazardous or Helpful Rocks

Figure 1c: Hazardous or Helpful Rocks

Most of the family members tried to find help. They began to look for a rock in the river that would give them a feeling of stability that was lacking in their family life right now. They reached out to the agencies in their community for assistance. They tried doctors, social workers, AADAC (Alberta Alcohol and Drug Abuse Commission), teachers, friends and family members. Sometimes they received some assistance, but often they were given a pat on the head, or were told that there was nothing that the agency, friend, or family member could do and they were sent back to deal with the situation alone.

ineffective agencies.

Margaret talks about the criminal justice system, the medical system and social services. She talks about:

> Always hoping that he would have got his life together after the last jail stint but when you realize that he's not, and he's back out using again we all knew it was only a matter of time. You know and so when he did get picked up we would all just say, well you know at least we know where he is now; we don't have to worry about him.

She talks about how the police failed to notify family members when her brother was almost killed in a drug deal that had gone badly: "We didn't even know until after he was in there for two days". She says her mother "was very, very upset. To realize he'd been there two days and he could have died and we didn't even, we didn't even know". She described her feelings about not finding a rock of stability from the agencies or police:

> I feel pretty bad too... you can't help but think it was just a low life drug addict and nobody gave a damn. He wasn't important in society to anybody and he was very well known by the police... Just a low life druggie...and who cares.

Her brother and his partner had a child during their active addiction. The child was apprehended at the hospital after Margaret called and told them about the family's situation. She described her reaction to taking this action:

> I felt a little bad doing that but not, not bad enough not to do it.

The child was placed in a foster home; eventually the family members began to have visits with her nephew, James. Margaret and her family took custody of James and moved him in with them. She noted:

> I didn't have too many other options, ... so it was just Bill and I raising Tony's son.

After a while they realized that having James live with them was putting too much stress on family members and so they began to look for assistance in dealing with him. Other family members were not available to help.

> I was kind of angry at them too because I didn't get the support they had said they would give me with James.

Her one sister had moved and her mother "all of a sudden was not physically capable of helping any more you know". She continued to seek help from her family members to no avail:

> I phoned my sister this week over this issue with Sarah phoning me all the time to come get him and what she said to me sort of made me feel that you know, it doesn't really matter to them what I do as long as I do what's right you know and they do not have any plans on having to go see you know, him period.

Margaret called social services but says:

> It was very difficult trying to deal with social services is always difficult 'cause you can never get a hold of anybody or this person has left or that person has left and they'll just give you numbers to phone, phone here, phone there and that type of thing but when it came down to it we didn't have a lot of options.

Family and Social Services were not available to help, and neither were her family members and so Margaret took action and called the family who had been the baby's foster parents.

> I phoned Phil and Sarah when I realized I, I had no family support and that it was getting tough for me.
>
> And I asked them if they wanted to be involved with James still....They were just more than thrilled to hear from me because they had really missed him. So they started being more support and they would take him for weekends and days and they were very much support for me the only support we had as far as physically helping with James.

Eventually they realized that they would have to look for another placement for James. As his legal guardians Margaret and her partner were responsible for him and felt that finding a placement was their job. They wanted to place him with the family who had fostered him earlier.

> It was either Phil and Sarah or put him up for adoption as far as that went because legally we didn't think we could put him up for adoption you know, we still had to have the consent of the mother and the father....we talked to a lot of people.... Finally it came down to what should I do and I, when James left here as far as legally they told me just to place him there and don't go through the courts at all.

So James was placed with his old foster family, who were no longer working as foster parents. Margaret and her partner retained guardianship knowing that in order to give the foster parents any status they would have had to go through the court system, or through social services to actually put him up for adoption.

> It would have been a very complicated process if we had wanted to go that way. So we chose to go another way just so we could immediately have him with Phil and Sarah.

This placement was working well for everybody and Margaret was happy because she felt she needed to keep her brother and his partner away from James.

> We were in the best position with them both still using addicts....So legally they had no, no right to come into either person's home or to see James they have no legal rights to do that.

Margaret was disappointed in her search for "rocks" to find solutions in agencies and took her own actions to find a good home for James. This action had kept him safe and this made her feel a bit better about how she handled her brother's addiction.

Lisa and her family members did not have a whole lot of luck with agencies either as they tried to deal with her brother. She talked about how early on in his life it was clear the boy had some problems.

> He was in a day care centre, he got kicked out of the day care centre and had to go to a day home for years....What day care centre doesn't take your kid?...I remember my Mom having to take time off work to come and get him because he was kicked off the bus.

Nothing was done about these early indications of a problem. Later she reported:

> ...he spent a lot of time... for about two years in the guidance office... he seemed to like the guidance counselor so he was quite forthcoming with them... Everybody gave hope. You know, I think he's going to be able to pull himself out this time.

Unfortunately, things did not get better as is indicated by this comment:

> The guidance counselor was saying to my parents, like this kid has been on some pretty heavy drugs at a young age.

Finally, the family members reached the end of their rope and began to look at getting outside help. Friends and family members were not much help.

> I woulda kicked my kid out a long time ago. I woulda beat them and sent them out on the street, and threw out all their belongings out. That's kind of the support that my parents have been given.
>
> Or even myself. Like, if I'm explaining to some...you know to even a good friend. Like hey, this is what happened you know. And then they'll be like, ya know well, what the hell is he still doing there, you know kick him out on the street and do what ever you need, and you know what are your parents doing?
>
> It's the only solution is that he needs to go. He shouldn't be there.
>
> Well, what I'm trying, if....what I'm trying to explain to anybody...they don't want to hear it. They will stop me mid-way. They don't want to hear a story at all. They don't even want to be part of it. Nobody wants to believe that this would actually happen.
>
> But I don't feel other people understand at all 'cause they don't want to see it

> No one wants to see it. No one wants to know about it. And when the hear about it, and when they hear about how horrifying it is, or that its happening... they would tell you exactly what they would have done in that situation.
>
> If they don't give advice then there's always a judgment or a blame that goes neatly on to my parents.

Lisa says she wishes people would "just listen, you know just listen this is actually happening". But that is not something that happens when she talks to people about her brother's addiction. They joined Tough Love for a while but her Dad was having a hard time listening to everybody's stories and, he took it personally.

They took her brother to AADAC, who sent him to an information series they run that goes though what addiction is, what it does and where to go for help. Unfortunately he responded by pointing out "everybody was worse than him".

> Those people are fucked. So I'm not goin'. Or I don't need to go... I'm a hell of a lot better than they are.

They took him to a counselor who he saw for a while. After a bit though the counselor said to her mother:

> I'm sorry, I ah, this isn't really my forte. Your son is addicted to drugs and we need to go with that. I can't, I can't really help him.

They called social services and said this kid could not live there any longer given the things that were going on and they spelled out all the trouble they were having with her brother.

> And because he was seventeen, they basically said, well I'm sorry we can't put him into foster care. Cause he's over sixteen. And we can't treat him like he's an adult... because he's not over eighteen. He was sort of stuck in that middle at seventeen, when he really, really needed the help. He was stuck in the middle... I felt like he was... in a crack.

Eventually social services called back and talked to her mom. Lisa says they made her "Mom feel like she was being blamed for what was going on". They questioned what

family members had been doing and what they had not done. This got her mothers defenses up because she did not feel very supported and they did not offer any help.

Family members decided to try to take Robert to a doctor to see if he could help but Robert refused to go and so that attempt was thwarted. He was caught breaking the law and was sent to jail. Family members were quite concerned about him but Lisa says:

> Of course I don't even know where he is we don't even know what jail he's in we can't find it out we're not allowed to know.

The authorities could not tell family members where their child was because of the "Freedom Of Information And Protection Act". He was eighteen; an adult and any information about him would have to come from him.

Lisa says her mom was hopeful that he might get some help in prison, but Lisa was not so hopeful. She says she did not feel people understood at all.

> I think people thought that we were exaggerating....everybody says, sorry not my problem. Sorry not my problem. Sorry not my problem. No I can't help you. No I can't help you. No I can't help you. No I can't help you. So finally you go, there's nothing I can fucking do and I'm just going to let it go.
>
> Then there's more onus on you. There's more responsibility on you. I feel. To try look into this. To try and understand what's going on. To try and get the help. To try and this, to try and that. And you're trying trying trying... But you can't do anything unless somebody wants to help themselves.

Elaine reflects on the assistance she and her family received to help them deal with her daughter's addiction problems. She talks about how her daughter worked to support her therapy. Her daughter went to university but was really depressed and suicidal. Her mother suggested going to a walk-in clinic on campus, as she was unable to function.

> She did all of this intake stuff...and then nothing happened...and nothing happened...and nothing happened. And I didn't know why because of course she's an adult. I am her parent, but I'm not legally responsible for her, there was no call for them to inform me of anything right?...so in January I was saying to

> her, I don't understand why the hospital isn't gettin' a hold of you. Like, what is going on here?...I didn't understand what was going on....She said to me, I have a really serious problem. I have to go into detox....She said that's why I can't get into the hospital program. They won't let me into to the hospital program until I go into detox....So she went into detox... And then she got out of there and there was a waiting list for Henwood. She was really struggling. Really struggling... And I just still you know, really had very little understanding of what was, you know, really happening to her. So we phoned, she phoned Henwood. And they told her it would be three weeks 'til she could get in... And by the time I got home two hours later. Henwood had called and said they had a spot open now. She was in Henwood for a month. On March 5th she came home, packed her things and moved into a halfway house.

After that, her daughter went into a day treatment program at the hospital. Her mother noted that while she was getting help the timing was not right:

> So she had spent like four months in the hospital, in the day hospital program... It was absolutely fucking disastrous... It was the wrong time. A person going into recovery should, in my view, not under any circumstances be looking at major issues that have happened to them in their life, when they are first in recovery. Absolutely should not. She was a mess.

Her daughter relapsed shortly after her time in the hospital day program. After this relapse, her daughter got involved in a 12-step program and had successfully maintained a drug and alcohol free lifestyle at the time of the interview.

Elaine's daughter had also had a troubled adolescent period. Early in her daughter's life Elaine noticed that there seemed to be a problem with food. She talked to her daughter about it and they tried to get some help. Elaine had a feeling of betrayal by the systems they contacted. For example, when they got her daughter to the doctor he said

> Oh well you're not so bad. You don't really need me...Oh you've only been puking for three months and you don't do it every time you eat. Or, you know, whatever. Like, so she felt belittled. She felt denied that her problem was real.

And it was real. These early betrayals by the doctor made the medical system suspect and discouraged family members from seeking medical intervention in their problems.

> Cause I was not getting any validation… And that I could see something serious was going on. But I didn't know how to help her.

Eventually Elaine's sons came to her and told her there's some serious stuff going on at school with Tilly. "And that's when I went and saw the counselor there… and it was, it was denied there too. This denial of a problem by the doctor really played into not understanding what was going on". Elaine reported that she still had hard time trusting anyone.

> So its like all these futile attempts were made to get help, right? And they all ended in like basically futility.

Beth and her family had some trouble with the agencies they dealt with too. Her son tried to get clean in Toronto but had no luck so he moved back to Alberta so he could get some support from family members while trying to kick his drug habit.

> When he came off that plane, we came right back here and he sat down there and he phoned the detox center. And they wouldn't take him. So, he stayed at the house on Wednesday night. All day Thursday I'm guarding this bugger. Not to get out and I'm watching my purse. Like, you know, hiding it because I want to leave any money lying around. And uh, so I watched him. And then on Friday, he phoned em' Thursday, and they wouldn't take him Thursday night. Friday, he phone Friday and they said OK. Hoooph I dropped him off there. And drove him down there and dropped him off. And, that night I think maybe for the first time in months I slept. Cause I knew he was locked up. At least I hoped he was locked up. And I knew that he wouldn't hurt anybody else. Because by this time I knew that he was so bad, that he had, it didn't matter if he hurt himself because that was his path anyway. He was going to kill himself.
>
> And when he came out after a week, oh he looked like a piece of shit.
>
> After detox he was looking for a treatment program that would help him stay clean. Unfortunately because he lived out of the province he had to wait to get into a residential treatment program.
>
> He went to the day program, cause … cause he's not an Alberta resident, …he couldn't get into a residential program until he'd been here for three months.

> We were willing to pay for the bloody thing but they would take it. They still wouldn't take it as long as he wasn't an Alberta resident.

He went to a day program run by AADAC every day until he had been here long enough to get into a residential treatment program.

> Eventually he got into Ponoka... and when he came out he was referred to some psychiatrist um, um, through AADAC because he was depressed.

There was a waiting period to see this psychiatrist and his depression was not lifting so he went to see the family doctor who put him on an antidepressant, when the psychiatrist saw him he told him he needed to stay on the anti-depressant that worked very well for him. After treatment her son began to attend a couple of 12-step programs and was finding their meetings quite helpful in keeping himself clean and sober. So while Beth's family members found dealing with the agencies frustrating because of the rules, they were able to get some assistance for their son from the agencies in the long run. While the agencies did not provide much comfort to the family members they did find some support in a 12-step program for members of the families of addicts.

Jim and his family members found that the agencies they dealt with were generally quite helpful but that they had their hands tied because the addict had to be willing to participate if they were going to kick their drug habit. The agencies were quite good with helping Jim and his partner. They had dealings with law enforcement, AADAC, private counsellors and child welfare and found these agencies very helpful. He was a little frustrated with social assistance because they were giving his stepdaughter money and she did not have to work at all. She had a child and decided this was how she was going to live. His son on the other hand could not get assistance and this made it hard because he kept coming to his parents for money.

> He was supported off and on by us by helping here and there. I mean, I don't even have any idea how much it costs. Probably ten grand or more over that year and a half just to keep him alive.

Jim and his partner found themselves weighing things and questioning whether they were doing the right thing by financially supporting their son. They had sent him to an adolescent treatment program in Saskatchewan when he had some trouble with the law, they hoped he really wanted to get clean but Jim reported:

> He only did it to get outta going to jail....He spent about 4 or 5 months in the Youth Detention Centre out here.

Jim talked about how hard it was to turn his son into the police when he robbed them.

> It's not an easy job to turn your kids into the police... when they rob you. I mean I walk down and say I want 'em charged.

He found the police were quite good to them and were quite understanding of the situation. In addition he found the AADAC counsellors he dealt with helpful and said that one counsellor in particular was good for the whole family:

> Because he told em the way it was he called a spade a spade and they didn't get a lot of that from everybody I guess. Like it was so black and white. You fucked up, they told you, you fucked up and that's it. Lay it on the line... and didn't spare the language and anything else its just this is the way it is, get used to it, you know, this is what happened, this is why it happened and he was really good for them. We've seen him separately, we've seen him together, we've seen 'em as family.

He said this helped them "get some clarity".

Child Welfare apprehended Jim's grandson and Jim spoke a bit about what it was like dealing with them:

> And it's hard to watch ... he went out to um couple different foster parents and one of them being a bit abusive, which was found out later and um, it was hard to see. And then get to the one where he's at now with a person, a family who cares about him and getting her interfering. She's unable to take care of him, knows she's unable to take care of him, not really interested in trying at the moment. Uh, about two families are interested in adopting him and gets the

> point where they're thinking strongly about it. She's in the hospital and she starts making noises with legal aide that she wants to...start action to get him back.

The situation with his grandchild was very difficult and uncertain. He reported:

> The people that have Jason is saying well, don't know whether we want to adopt him anymore because if we're going to have a real legal hassle forever and ever and ever, you know. They weren't interested. You know, well we were not very happy with Denise for starting that back. She was not in a position to take care of him and had no intention of changing what she's doing and then she has the audacity to try to destroy one of the chances that he has.

Jim and his partner had access to their grandson but their stepdaughter did not, and that was good as far as Jim was concerned. His grandson was safe and was in a loving home and he gets to see him so things were working out well. Overall Jim and his family members had pretty good experiences with agencies in their area. They had not been so lucky with friends and other family members. While people seemed quite supportive, Jim felt that telling them what was really going on with his son would "scare" people. He also talked about the feeling that he was being judged when he talked about his son's addiction.

Dangerous or Useful Fallen trees

Figure 1d: Dangerous or Useful Fallen Trees

On their own family members search for something to hold on to, a branch or a fallen tree that might give momentary relief from the river and that might give them a hand hold so they could try to assess the situation without having to struggle just to survive. Anger, denial, labelling the situation, taking more responsibility for the addict, changing and adapting family members roles to deal with the addict's behaviour and helping to ease the turmoil by helping the addict to get out of some of the sticky situations they have got themselves into were viewed as fallen trees. All these things help the family members to get a feeling of control over the situation with which they were experiencing. These behaviours do not offer lasting solutions but they give family members a chance to breathe and to take a break from the stress of having an addict in the family.

disparate anger and love.

Margaret was very upset and angry with the police and hospital staff when talking about one instance in her brother's life. He was hospitalized with life threatening injuries and she says:

> To realize he'd been there two days and he could have died and we didn't even, we didn't even know.

Her mother was also upset about it also and had heavily complained and written to people to vent her anger. At other times in the interview Margaret was angry with her brother.

> Every news story you hear...you know every unidentified murder...everything you hear like that, you always think...it's going to be him. And there was a lot of anger for me because I used to think of what it was going to do to my Mom.

> You want to be there for them even though at times it was causing hassle in your own family because you still love them...
>
> No matter what they did you loved them but you would be so disgusted with them at the same time and tell them that you never wanted to hear from them again.

When her nephew was born, she was angry with him and with his girlfriend:

> I felt so much anger for him for thinking that they could bring a child into this world and raise it, that they would know how to raise it. They are so unaware of what the needs of a child are. And just because of their, because of addiction and the idealistic world they lived in you know, and I was just so angry at him and her I don't know which one I was angrier at you know.

At times Margaret was not just angry with her brother, at times, she was mad at the whole family.

> I was kind of angry at them...because I didn't get the support they had said they would give me with James. You know so Amanda moved away and Mom all of a sudden was not physically capable of helping any more you know.... I don't think she was as incapable as she thought I think my mother has a lot of emotional stuff that goes on with her that she doesn't deal with and that renders her a lot more physically incapable of doing things than she is that's what I think.... You know I'm the one that does all the physical stuff, you know, and I phoned my sister this week ...and what she said to me sort of made me feel that you know, it doesn't really matter to them what I do as long as I do what's right you know and they do not have any plans on having to go him period.

Lisa was angry with the media who covered one of her brother's crimes and talked about the "sensation crap" they print in their reports. She talked the arguing and fighting that went on in her family and says about her parents:

> Whereas with Mom, she's got some sort of, she can, she can argue and fight and try and get her point across. And she can do, she can do it for hours and hours and hours. On principle, my mother will do anything.
>
> Mom says you know um Mom's just very much I'm done with him I'm done with him I'm not doing this any more I'm done with him ... This is it, you know, I'm not taking this anymore I don't feel a thing ... She was like I can't even look at him you know or Dad [says] I can't even look at him until I can't stand the sight of his face I can't even look at him.

> I was in the middle of the fights between Dad and Robert and ... my mother had to hold back my Dad from my brother. It would never happen when they were alone together they would never physically fight with one another unless Mom and I were home, never.... Cause I think they both knew they were going to probably beat one another and they didn't want to... and then Mom you know after breaking up one of these things on the ground and she can't breathe, you know like (she makes the sound of someone gasping for breathe) I can't breathe (she makes the sound of someone gasping for breathe) I can't breathe...From trying to physically hold my Dad back from my brother or my brother back from my Dad or visa versa....I remember ... I was in the shower ... all of a sudden I heard this thunk, thunk and I thought, Oh for fuck sakes here we go again and I turned the thing off, put a towel on, get out and ... then it all starts "leave him alone leave him alone. Dad stop it"... back and forth, back and forth it's not worth it Dad you don't want to get caught. Yah he's a fucking asshole but you don't want to get caught.... It's back and forth and no body believes that kind of shit. And I'm telling you when I'm in it it doesn't even feel like a big thing. I think that is what it is too I totally desensitized everything so it is not a big thing....If I told other people they would probably say "oh that would be a big thing". But I don't.

She was angry at her parents because she felt they did spent more time with her brother and his problems and it took away from their time for her and she also felt that his problems were overshadowing the whole family's life.

> Why wasn't it ok to drive me ten minutes down the street when you'll drive 1/2 an hour to bring Robert somewhere?
>
> I don't want to do this anymore. I don't want to be abused anymore by him. I don't want to be part of this. I don't, as far as I'm concerned he should be out of the house. You chose to have him in there. I chose not to be here when he's here. And if he's here, I'm not putting up with anything.... And I'm not fighting. And if you want to fight with him, I'm leaving.... And if I have to be here, I'm not contributing to your arguments with him.

Lisa was angry with her brother. The following comments capture some of that anger and the fact that it was still mixed with concern:

> I can't I can't look him in the face it makes me sick I handle it and I can't watch it go on and he swaggers around you know and he wears a pimp hat, ... and he wears that around with his long leather jacket and he swaggers. And it makes me want to vomit.

> I loved him to death ... he used to piss me off ... but I was always worried about him. And I was always, always felt like I needed to be around. So there you go.

Lisa also talked about her brother's anger.

> And he was just, took his shirt off and he was sitting in the middle of his room and listening to this gangsta rap stuff. Yelling out the words. Sitting in his own little world. Wasted. And then coming out every once in a while and have a little screaming match with my Dad.
>
> He'd say things like, what the fuck is wrong with you fuckin' people? I should be allowed whoever the fuck I want in this house. And what's your fuckin' problem? Why are you tripping on me? That's his favourite, why are you tripping on me? I haven't done anything to you guys, you guys are nothing but fucking assholes, he's going on and on and on and on and on and on ...

Elaine talked about the anger she had toward Tina, her daughter. She talked about the difficulty she had with being angry. She expressed frustration over a past that had left her feeling unable to express anger.

> I still have lots of issues about anger. It's very, very difficult for me to express anger. Even a little bit.

She relates back to when the two of them were sharing an apartment and Tina was not keeping up her end of the bills, and used Elaine's good silverware to cook up some dope.

> I was barely making it, cause finances were like incredibly tight and I'd been having cover all of her half of everything... for over two months at that point. And, it was, it was hard I was resentful that she didn't honor her responsibilities.
>
> That's where she cooked my spoon. You know, its funny how little things like that really are twisters. I mean really. I had finally bought myself some stainless steel silverware that I really liked. It was quite expensive. A set of eight. I go to my apartment and one of the spoons is cooked. You know what they look like; they get this blue sort of radiating color.... I was feeling resentful and hurt.

While she couldn't express her own anger Elaine talks about her daughter being angry with her.

> But on the personal level there's still things like she has, I guess I have to assume she has resentments that she hasn't worked out, worked through. Because communication is still a really difficult thing. You know, its like, if I say something its almost as if I can never say anything well enough.... She's carrying so much of her own baggage she can't hear what I have to say.

Mother and daughter were in the same support group and Tina told Elaine she was angry with her.

> And then she said to me that she really resented me for following her around. You know, and it was like she had felt like that a lot of her life. Cause I had worked as a volunteer in schools that she was in.... she felt like I was following her around. And I guess, in a way I was. You know but it wasn't that that was in my mind. It was more that, you know, I could contribute something to the schools that my kids were....I guess she felt like she couldn't get away with anything because I would hear about it.

Elaine felt that going to the group when Tina was there was hard on both of them:

> I would only very occasionally go to a meeting.... I had to become very selective. Like if I went to a meeting it needed to be one that she wouldn't be at because there are certainly things she would want to share if she wouldn't necessarily want me to hear and know of. And, so it was like trying to do this juggling act.

Eventually it became too much for Elaine to handle.

> Uh, what do I get ... from this program here. If I'm always worried about imposing on her boundaries and her needs. And I mean when it comes right down to it as a parent, as far as I'm concerned I can do my recovery stuff elsewhere.

Elaine left the group to do her work on recovering from addiction elsewhere so her daughter would be comfortable in the support group. Elaine was also angry with her partner and other family members. She was angry that her partner did not hold their daughter more accountable for her debts:

> [He] couldn't see things that he did that enabled her not to be responsible.... I guess the big thing was her financial status. Because he paid the bills when they had it to the point of creditors calling and you know, charges being made. That kind of stuff he wrote a cheque to pay it.

Sometimes the process of dealing with addiction reveals other family issues. Elaine found out after her daughter was clean for a while that Elaine's father had abused Tina as a child and she talks about that.

> My father died in 1983 and my father was actually the main male influence in my daughter's life until she was eight years old.... I feel bad about that not to mention all the fucking rage I feel about the fact that he probably molested her

Hearing about this abuse caused Elaine a lot of pain and caused her to be angry with her father but because he was dead, she had no real way of expressing this anger.

Beth was angry too. She was angry with her son. She talks about one time when he managed to finagle money out of his father and sister and how angry she felt.

> He got money from us.... I went to Spain and when I came back he had conned money out of my husband and my daughter. And I said, well I'm sorry but I told you not to give him anything. Well, he phoned and you know always the stories they can give. So they gave him the money and when I came back... I spoke to him on the phone and I said, OK I don't want you phoning here again. I said you've upset everybody.... If you want to get cleaned up we'll do everything we can to help you.

Her anger persisted however. When he was trying to clean up, she was still angry.

> None of this shitting around upstairs in the bedroom thinking that, you know, I'm going to fall for this stuff.
>
> I felt used. But I also felt that hey, its better to be used this way than to flush and to sniff $200,000 down your nose.
>
> After he'd come out of Detox.... We had to get his place ready for renting. And I made him wash walls. And I made him clean it.

Jim talks about the anger that his son and stepdaughter had towards Jim and his wife:

> Still to this day, even though he's 18 now says that we told him he had to get out and uh, it was our fault for kicking him out on the street. He lived on the street for the better part of a year

The anger was reciprocal. Jim also talked about the anger he felt towards his children, especially his stepdaughter:

> I just go off the deep end too much, and she does too. We don't see eye to eye on almost anything... [she is] just blaming everyone and spending most of the time in hospitals, going, checking in and...because she's overdosed not succeeded and truly not wanting to succeed, apparently because she hasn't succeeded
>
> We'd get suicide phone calls. She would OD, ... your daughters in. Don't know if she's going to make it. Go to the hospital.... I know once or twice that I just said I'm not going anymore.
>
> Debbie is making no headway. She's made no headway for eight years.
>
> Nothings changed.
>
> You know get off your ass, do something, I don't know. I'm not very patient when it comes to people complaining about not, not changing when they have the resources to change. I mean I see that she doesn't have a lot of money but to sit in your apartment all day and do nothing absolutely nothing for days on end and weeks on end, months on end. Once or twice a week you get something to eat. What is the point?

The family members all experienced anger. Jim reported being angry with his son too.

> Ran into some old dealer that he owed money to and ended up in an ambulance going to the hospital about four months ago. You know, $300 ambulance bills. Not that he was using a terrific amount but he just ripped everybody off and it didn't matter whether they were the best of friends or whatever.... It just, it drives me wild. With a person, [the] priorities they have. I can't relate to any of them at all. I don't understand it. Like, I just don't understand it. I guess, if I was there I might understand but I don't understand how you can sell your soul and everything else and anybody that you cared about and anything you ever cared about. Even, even your health and your body and food and. Anything for a fix. You know. And the choices even when they're not using a lot. The choices they make are still totally screwed up.

useful denial.

Family members seemed to use denial as a way to cope with what was going on. It was a way of handling a situation that seems so over whelming that it is impossible to face. Family members were not the only ones who use denial. The addict and society as a way to handle a problem that seemed to have no easy solution used denial.

Margaret talks about her own denial and that of family members:

> And as far as the family, like I don't know. My sister talked about it a lot, this pregnancy but for me I was in total denial I didn't want to talk about it, think about it, I just thought it was, you know, the most ridiculous thing I had ever heard of and I hoped it would go away. (She laughs.) ... but it didn't. And he phoned me when she was in labor in the hospital, from the hospital room...and I tried to encourage him, but I still, I wanted nothing to do with the whole scene. But my sister she decided that she had to see the baby. And so she went down to see him.

She described her understanding of the role of denial in the relationship with her mother and brother:

> I think my mother has a lot of emotional stuff that goes on with her that she doesn't deal with and that renders her a lot more physically incapable of doing things than she is. That's what I think.
>
> I felt so much anger for my brother for thinking that they could bring a child into this world and raise it, that they would know how to raise it. They are so unaware of what the needs of a child are.
>
> And just because of their, because of addiction and the idealistic world they lived in you know, and I was just so angry at him and her I don't know which one I was angrier at you know.

She talks about when her brother's denial lifted and he saw what his life had become.

> He was just in so much shock about what had happened, you know it really, really scared him and we noticed an immediate change in him as soon as he realized what had happened and how close he came to dying.

She talks about how denial worked for her. She talked about wishing he would move away so she would not have to hear from him any more. As she spoke it became apparent that denial had allowed her to live with what was going on with her brother.

> But you know I had, had years of thinking about his lifestyle and the street life and hearing about it through him so I think you sort of get conditioned after a while and things don't seem quite as scary as they would say to some people.

Lisa talks about how it was hard not to be in denial about what was going on because no one would confirm for family members what they thought the problem was. There were no set criteria for distinguishing an addict from others in society.

> It would be hard because you wouldn't see him, you know, stoned all of the time. You'd think, Okay you're addicted, even though my logical self says it doesn't matter if you are using everyday.

She describes how a person could deny what they were seeing as a problem:

> We don't see it. Even though we see the most bizarre behaviour.
>
> The need is there. But then when you've got someone like Robert, who's so charming, so charismatic, so able to tell a lie so well. You think well maybe I'm wrong.
>
> Because you don't want to believe what's going on. You do not want to believe what's going on. You don't want to believe that your brother has a problem. You don't want to think it's happening to you, or in your family. It's other people's family.
>
> You want to believe him.
>
> We were doing so much controlling at that time that we didn't recognize it and then when things got really bad, that was when we finally kind of sat there and went OK, something's going on here that's bigger than us.
>
> And you just don't want to see it. No one wants to see it. No one in my family wants to see it. Nobody wants to hear about it.
>
> I didn't believe any of this was going on, it seemed so normal to me I knew it wasn't all my training told me that's not normal...

She talked about the fact that her brother was in denial too. When she took him to a meeting at AADAC he could not see his own addiction, all he could see was that other people were worse than he was.

> And I remember him getting in the car, oh man. What? You should have seen half the shit these people have done. Like this one guy was on six hits of acid. Could you imagine that Lis? Six hits of acid. So I mean everybody was worse than him.... Cause I'm OK. Like I'm a hell of a lot better than they are. I'm okay.

She said that people told her that her brother would come around but she did not believe them.

> I don't think you know Robert too well. He'll never come crawling back. Look at him. He's in jail. He hasn't called for a week.

Lisa talks about the fact that the agencies they were trying to deal with and the friends they tried to talk to about what was happening in the family, all these people seemed to be in denial as well about what was happening.

> I think people thought that we were exaggerating.
>
> Now what are you going to do about it. Well, let's go here and then some, everybody says, sorry not my problem. Sorry not my problem. Sorry not my problem. No I can't help you. No I can't help you. No I can't help you. No I can't help you. So finally you go, there's nothing I can fucking do and I'm just going to let it go. And it keeps coming back at you. You say, no.
>
> I'm not going to do anything.
>
> They don't want to hear it. They will stop me midway. They don't want to hear a story at all. They don't even want to be part of it. Nobody wants to believe that this would actually happen.

Elaine talks about the fact that denial was established with family members long before the addiction issue was apparent. The professionals they turned to for assistance with what they considered a serious problem reinforced the denial in family members. It

started when they suspected that their daughter had an eating disorder and were not given assistance with it but were told there was nothing wrong and that they were over reacting.

> Part of that [denial] too is betrayal by the systems eh? Like... having this appointment set up. Having her go and see this doctor and having the doctor say to her, oh well you're not so bad. You don't really need me.

The denial carried on through her daughter's school years when they were wondering if something serious was going on because her brothers noticed she was spending a lot of time in the counselor's office.

> When the boys are in grade nine though, they set, like that's what they came to me and they said you know there's some serious stuff going on at school with her. And that's when I went and saw the counsellor there. And it was, it was denied there too and so, you know, I think having things happen that way really played into not understanding what was going on. I think things were really minimized.

There was also a problem with her husband's health that was very puzzling and because they could not get any solid answers about his health, she was very occupied with dealing with the consequences of his illness.

During this time, her daughter's drug use increased but Elaine never caught on to what was going on.

> I was still so fucking not knowledgeable about her disease.
>
> I didn't pay any attention to it. I didn't really notice it.
>
> We weren't living together, so it wasn't something that was in my face.
>
> I didn't know that she was using to that degree. All I knew was she was severely depressed. And that we would, we would occasionally have a drink together.
>
> It was really hard to have any comprehension of what was going on with her other than I knew she was extremely depressed.
>
> Even at that point though I didn't know that she had shot up, as far as I was aware at that point, you know, she occasionally did some pot and she did drink.

> I knew she hung out with people after work and would have a drink or two. But that was kind of what I, you know, thought was going on.

Elaine really did not seem to have any idea of the extent of her daughter's drug use until her daughter told her what was going on. Then things began to fit in place and Elaine could see the pattern of the addiction in their lives. It began with Elaine's family members:

> People drank and smoked pot. And that was all of her life. She was observing that.... My sister has a drinking problem and has told me that she won't drink now because she blacks out, freaks out. And, uh, her husband is an alcoholic....my sister...has had a cocaine problem, and pot. She tells me that she quit doing cocaine two years ago. She figures that's good, now she's going to drink. You know, people would be drinking and smoking pot. So, she grew up thinking that was what families were about. And then you tie in the fact that her grandmother is an active alcoholic now.

Elaine had used drugs herself for years and had not seen any problem with her use. Thus it was natural that she not notice any problems with her daughter's use. She did not notice the pattern of her own drug use for quite a while.

> I see that as being a problem now. But I didn't understand that as being a problem then.

She says that her daughter's admitting her addiction problems made her acutely aware of addiction, her own and that of her family members. The admission of the addiction was a surprise to the whole family. Elaine describes it this way:

> I think they were shocked because, I don't think they knew that she had been doing needles and thinking about prostitution and all those things.

She explained that they never talked about these types of things for many reasons.

> You know everybody is busy living their lives. When you get together you want to catch up on what's going on, you know.

In talking about her denial, Beth says that she found drugs in her son's room and began to watch him closely. She suspected he was using pot on the weekends so she confronted him. She admitted to him that she was powerless to stop him from using drugs if that was what he wanted to do but she asked him to think about the consequences of what he was doing. She thought that he had stopped after that although she admits:

> I don't for a minute think, now looking back I know that he probably hadn't stopped, he was just recreationally using. As they say, was what he said.

Beth commented that she was not suspicious of him continuing to use drugs because he did not have any of the overt symptoms of a heavy drug user.

> He was really good. He was valedictorian of his class. He was high academic.

After he had completed high school, he moved to another city and set up a business. Then his Aunt died and left him a sizeable inheritance. His mother was the executor of the money and gave it to him, as he needed it. "Once again I still didn't click that he was using it on drugs." Beth carried on in the dark about her son's addiction until he came home for a party.

> He came here for my birthday and I did not know anything about this party my husband was having. And he came. I didn't know he was there cause he went to his sisters. And when he came to the restaurant, I knew there was something wrong. He was stoned.
>
> So, I left it. I mean there's no point in confronting somebody in front of everybody and I left it. What, two weeks later my husband and I went to Vancouver. And when we went there he met us at the airport and he was driving and it was like he was a bloody kamikaze driver. I mean, we didn't whether we'd get into the city alive or not.

Later on that night, Beth talked to her son about what was going on and he admitted to using drugs, said he was hooked on cocaine and was in trouble. He was not ready to do anything about it though as Beth says:

> Well obviously, at that time, he wasn't ready. He hadn't gotten down to the gutter yet.

Although her son had admitted his problem with drugs, there was still a lot of denial with family members. His father had a hard time admitting what was going on and still to this day, his dad did not talk about it.

> Ya, it's just my husband. He doesn't want to admit that he's you know. Oh, it's that he doesn't say anything about it. I mean, but he would never sit down with him and talk about it.

Beth on the other hand had a different attitude about it:

> And I mean there's not any point in hiding it. Because sooner or later, you know you can lie yourself into traps, you know. And sometimes its worse to try to deny the thing, and because you did it, you get in deeper and deeper and deeper and deeper. Whereas, if you admit the thing right out, you see. Well that's it. Everybody knows and I would have no problem telling anybody my son is an addict.

She talks about how they fell into the denial

> He could be the most charming nicest that you'd ever met. If he wanted to be. And he could con them into thinking that he was OK.

She feels that today they were more aware because they had confronted their denial:

> More aware, that it can happen to you. Does happen to you. And did happen to you....it makes you more aware. I suppose it makes you less judgmental. I mean I would, now I would never judge anybody I, how can I unless you walked in their shoes.

Jim goes a bit further in describing the inner process of his denial.

> I don't like to see the real side all the time. I don't, I'm not blunt... I'm not... black and white and I'm a little bit... grey, wishy-washy too. I wanna help, I wanna be the good guy I guess.... I don't wanna go there lots of times.... Too busy looking at the good side of everybody to see any of the other stuff.
>
> And then it's not easy to pretend all the time nothings going on.
>
> You don't deal with it. I got to the point where I, we told our families. This is what's going on. To the point of phoning' my dad and other people in the family, just saying look I don't know...whether they're going to live or not. I mean

He felt that admitting it to people and himself did not really do anything as the following quote illustrates:

> There isn't any point. I mean there's no point. I guess get it off your chest.

either helping or enabling.

These family members had an inner struggle about helping the addict. They wanted to help. It was something tangible they could do for the addict. It was something that would make them feel good about themselves, and it is something that our culture has taught us good people do for those who need help. The problem in this instance was that the family member wondered if they were really helping the addict or if their well-intentioned assistance actually hurt the addict by allowing him or her to stay in behavior that was unhealthy for them. The family member was caught between helping and enabling and the line between the two was very fuzzy.

Margaret talks about the calls she got from her brother when he was out using.

> I remember getting lots of phone calls from him. Most of the time he was fairly nice to me but it was always when he was in need, he would sort of bounce from one family member to the other....he would use like guilt, you know, trying to make you feel guilty, and stuff like that

She talked about wanting to help him but she knew if she gave him money he would use it for drugs.

> He asked me for money quite a few times and I wouldn't give it to him I would buy him groceries instead and take it to him. Rather than give him the money. And often I would get Bill [her husband] on his side too and we would take stuff from our own home, from our freezer, and that kind of thing, and take it to him. But you knew it was only a band aide and then towards the end of addiction I guess probably about the last two years, he really stopped asking us for stuff....I think he just kind of knew he had worn us out....he just seemed to know that he had exhausted all of his, you know, possibilities pretty well. I think that's why he preferred to go back to jail because then he wouldn't have to ask us for anything...and I think he has an extreme amount of guilt himself.

She talked about how much that support had cost her and the rest of her family members. She said:

> You want to want to be there for them even though at times it was causing hassle in your own family because you still love them...
>
> Know how horrible it is to see somebody you love go down that path and in my case think you have some tools to help them but at the same time know that until they're ready, you know, they won't listen to you...

Every time he would say that, he wanted to get better and that if he could just get help then he would be able to straighten out his life. Family members kept trying to help him partly because they hoped that this time he might manage to break free and get clean and partly from the fear that if they did not something really bad might happen.

Lisa talked about how hard it is for her parent to co-ordinate whether they were going to help her brother or not.

> You've got one that's going, OK sure Robert ...here's ten dollars. The other ones going, what! You're giving him ten dollars....If one's helping him out. The other ones giving him shit for helping him out, and vice versa. They can't come together on how they want to handle the situation. And if they decide they're going to handle it this way. They're going to be tough or they're going to stick to their guns. One always cracks.
>
> Robert was so good. So good, at wearing them [mom and dad] down.

She talked about it being easier to give in and give her brother what he wanted than it was to put up with the flack that she would get by not giving in.

> ...or it's easier to just give him a ride to so and so's place than to listen to him for the next hour with his big loud music and swearing at you and you know its easier to give in to him because then he leaves.
>
> Whether it was to get rid of him, to make him happy, to whatever...You know now I understand that there was always motives behind taking him places.

She talked about how after doing this for a while she decided to change her behavior toward her brother and how in doing that, she also had to talk to her parents about their behavior in enabling her brother.

> You just continue to enable him to do whatever he's doing. I don't want to do this anymore. I don't want to be abused anymore by him. I don't want to be part of this. I don't, as far as I'm concerned he should be out of the house. You chose to have him in there. I chose not to be here when he's here. And if he's here, I'm not putting up with anything.

The confusion about the role of helping verses pushing the addict to action was evident for this respondent:

> I feel like if I give him some sort of support, support to me is like rescuing, and when I give him that I feel like I'm enabling him, and then it's ... just doing this whole circle over and over again. He's not going to get the help so I almost want him to hit some sort of awful rock bottom ... where he thinks nobody loves him and he's such a shit head and he needs to do something with himself.

Elaine talked about how she felt her partner went beyond helping and began to enable their daughter to continue her addiction.

> He couldn't see things that he did that enabled her not to be responsible.... I guess the big thing was her financial status. Because he paid ...and they had it to the point of creditors calling and you know, charges being made. That kind of stuff he wrote a check to pay it.

> She paid no expenses whatsoever for living here. You know, [her partner] didn't think she should. I thought it was reasonable to hit her up for two hundred dollars a month, room and board. But we could not; I wasn't able to be insistent enough. So I would just let it drop because he couldn't understand why I thought that was important.

She also talked about how hard it was to try to take care of herself instead of always looking after her grown daughter. Elaine was trying to have a healthier relationship with her daughter.

> She was still extremely depressed. And I wasn't much better. I mean I was on medication and I was in therapy. But I was still, you know, really working hard on not looking after her. Not putting what she needed before what I needed. So that like really working hard on trying to work on my own healing and recovery.

Beth talked about being frustrated with her family members and the way they helped the addict. She felt that they were enabling him to stay in his addiction with the money they were giving him. She felt that the only thing they should be helping him with was getting clean.

> While I was away I said to my husband and my daughter, he uses money for ... drugs. He got money from us....he had conned money out of my husband and my daughter.... Well, he phoned and you know...always the stories they can give. So he, they gave him the money ... I spoke to him on the phone and I said, OK I don't want you phoning here again. I said, you've upset everybody.

Beth and her partner struggled with what to do about her son's debts and finally they agreed not to pay his debts. When creditors called she did not lie, but she did not give them the whole truth either; it was a compromise between helping and not helping and it was something she could live with.

> And I just said he don't live here. Well he didn't live here, but he was in Ponoka exactly when they phoned. I wasn't exactly lying then. But that's it. Nobody else has called.

She was happy to help him move out of Toronto but was not going to do it for him. She made him help.

> He and I went back to Toronto after he came out of Detox.... And I made him wash walls. And I made him clean it. Mind you I cleaned the bathroom he sat down and put his head in his hands and said, I can't believe I did this... we got it cleaned up. A guy rented it. Gave him a lease on it. If he would paint it. I mean it had to be painted. The carpet in the bedroom upstairs had holes in it... so we gave him a lease on it and he was going to paint it. We'd pay for the paint. And gave him carpet to recover the bedroom ...and so all these things have been done and the place is, apartment in great shape now.

All in all Beth had come to some peace about her family members' role in enabling her son. She now feels less guilty.

> We maybe enabled him but we didn't make him do it. So I'm not beating myself up anymore.

Jim also had a hard time deciding what was helping and what was not.

> He made a trip to Vancouver one time... but got stuck in Gas Town and couldn't get out. He was going to throw himself off a bridge and I rescued him, of course. Bought him an airplane ticket back to Calgary. It was pretty difficult to live with the idea of whether they're going to kill themselves tonight or tomorrow.
>
> He was supported off and on by us by helping here and there. I mean, I don't even have any idea how much it costs. Probably ten grand or more over that year and a half ... I just keep him alive, I guess, whether keep him, keep him alive or not I don't really know.... you get ... like I'm going to do myself in and I can't live with this all this stuff, he's fifteen years old living on the street. You sit and start weighing things and saying well, are we doing the right thing, aren't we doing the right thing
>
> If she chooses to OD I don't care. And like I'm not going to be in the hospital, supporting her and her OD. I mean its not that I didn't care, it's that I wasn't rushing to everything that she did.
>
> It's really easy sitting down saying detachment is the only way. But man, if they're kids to detach and walk away from em' is not an easy thing. And if they're living on the street and hurting and you're in your house and having something to eat and they don't have any clothes on their back or nothing to eat. Digging in garbage cans. Boy, and they call and want a meal or something, its difficult. I mean its gone to the point where in a restaurant they do the eat and

> run trick all the time. Mitch did lots of calling me on the phone saying "I'm hungry, starving, I need something can you help me?" And uh, ya have a meal and I'll put it on my credit card. Give the number of the credit card at the restaurant, credit card but I won't give you any money, you know.
>
> It's not easy choices. You know what I mean? I can't stand to see people hurt a lot. Especially my own family. It's hard to seem em hurt. Hard not to get in there.

Jim tried to explain how at times the things they wanted help with seemed so ludicrous.

> He's got $400 on Friday night and by Sunday morning, can you lend me a dollar to buy a pop.... I know what he's done. I mean he and his friend will go to the bar and they'll sit there and drink slimes or whatever the heck they call them for eight, ten hours in a row, and drink stuff that costs 'em four bucks a drink and blow three hundred bucks a night in a bar....and then whine because he doesn't have enough to buy coffee, by Monday... "Lend me money I'll pay it back".

Jim said his son and stepdaughter asked for money and he was hesitant to give it to them. It was easier if they lived close enough and said they had no money for food:

> Walk over with a bag of groceries, saying here's your food. You don't get any money but here's your food.

Jim and his partner did not agree about what needed to be done to help their children.

> I'm a little bit more grey, wishy-washy too. I want to help; I want to be the good guy I guess.

He acknowledged that it was not easy to know what to do but they were learning how to deal with addiction and he was hopeful that they had come to a good place and he was comfortable with it for now.

> It's still a strain. But I guess maybe we've learned a little better how to deal with it. We're certainly, I'm certainly not perfect, we fall into lots of traps. I like, I like to believe that you just have to do, give em a little bit, little bit more help and they'll come out of it. You know

illusive labelling.

The process of labeling the problem with the addicted family member gives the family something to hang on to. It gives them something that will stop the race down the river for a minute so that they can focus and get their bearings. Labeling the addiction somehow gives the family members a feeling of having some control, much like hanging on to a branch in a raging river gives a person the sense of having some control in the chaos around them. Unfortunately the labeling of addiction can also bring with it a stigma that can be quite damaging to the family or to members of the family.

Lisa talked about the struggle to label her brother's addiction and the comfort having a label had given to her family members.

> What's been really difficult is not knowing exactly whether he was addicted or not. And I know that seems ridiculous but because, I don't know whether it's because someone from somewhere with a nice title attached to their name didn't say, that kids addicted to drugs. In your head you kind of think, well maybe he's not. So that's what I'm having a hard time with is whether he's actually addicted. And I think a lot of it has to do with somebody not actually putting that label on him.

She was hesitant to label her brother as an addict, but was not too sure why she was hesitating.

> I didn't want to just put a nice little label on him as well. OK he's an addict, so, you know, therefore, its understandable why he did that
>
> I guess, I guess its just like I said its because nobody's come right out and said, and because he won't admit it and because he looks at us like we're absolutely insane if we even suggest that he might be an addict. And so its kind of like well maybe he's not.... I don't know why I'm having that block.

She explained how each family member labeled Roberts actions differently and that they did it at a different rate, thus consensus about what was going on in the family with Robert was almost impossible.

> Each one of us takes those turns. Like my mother will say I just, I don't understand what is going on with him what is he thinking. And then either my Dad or I will say he's not thinking. He's an addict. And we all play that role. So, we we've all labelled him at different times. And when things get really bad. Then it's like "oh yes, he's an addict". Oh we can all agree on that, but we can't all normally; we don't agree on it. We don't see it. Even though we see the most bizarre behaviour we don't believe it.

Lisa talked a bit about what it was like when they all finally agreed that her brother was an addict.

> We finally labelled him, and said, "OK this is what's going on". Because for two years we spent our time trying to understand why he was doing whatever he was doing. Trying to stop him from whatever he was doing. Trying to control his environment to stop him from whatever he was doing.
>
> But that took a long time to do. And I've only started that probably over the past year. Since, we when we actually labelled, OK this kids an addict.
>
> There's something about that word, something about...and every time I think about addicts, I always think of some junky on the street. You know, strung out on whatever. And it's just, and I know that's not the way it is. But to me in my head, that's kind of it. Its kinda like you have to hit some sort of rock, rock, rock, rock bottom before you get the label of an addict. That's my perception.
>
> I guess for me, like I said, its almost like somebody has to literally give him that label, that some sort of para-professional before I'm going to believe it. Even when all the evidence is in my face....the paraphernalia, the hemp stories all along the wall, the hemp shirts, the hemp bracelets. Hemp, hemp, hemp, hemp, hemp. All over the place...those hot knives, the blowtorch thing. I mean, it's all there, the little razors; it's all there. And you just don't want to see it. No one wants to see it. No one in my family wants to see it.
>
> But there's not, you can, you know and it's kind of like it's back and forth. It's like in one way to label him as an addict then you can almost drop the problem. But if you label him as something else, or if he's just like, if he's just an awful asshole....then there's more onus on you. There's more responsibility on you....to try and understand what's going on. To try and get the help. To try

> this, to try and that.... But once you say he's an addict. There's nothing you can do about that.

Family members finally admitted to themselves that Robert's problem was addiction after a social worker said that she could not do anything more to help him because he was an addict. They had tried for years to get at what was wrong with him but it did not become real until an expert told them it was an addiction problem. Even after that, Robert would not admit he had a problem.

Elaine talked about the struggle her family members had. Like Lisa's family members, they knew that something was wrong but they could not get a handle on it

> I guess for me it was like, knowing that something was going on but not knowing what it was. Seeing signs that there was a problem.

She knew something was not right but her daughter could put up a good front.

> Held down her jobs. She earned incredibly good money. She paid all of her bills on time. She was completely self-supporting. She had her own apartment. She had her own furnishings; she was completely functional.

It was a complete surprise to her to find out the level of involvement her daughter had with drugs. When her daughter told her she needed too go into Detox to get clean she was shocked. It was not until some time later that Elaine learned about her daughter's involvement with and addiction to drugs and when the addiction was labeled, it was her daughter who labeled it.

> Aaaaa, that feeling of just not really knowing.... I tried many times over many years to try and get to see that something really serious was going on. And that I could see something serious was going on. But I didn't know how to help her.
>
> I was always aware that there were some problems really, you know, like serious problems going on like this person. But I didn't understand what it was.

Elaine said that once the addiction was labeled she understood a lot of what had happened before.

> Stuff made a hell of a lot more sense to me, the whole depressions. The patterns, the isolation stuff that she was doing. The way that she did masking and wasn't honest.

Beth says it took them years to label her son's addiction.

> The first time I knew that Ian used anything was ... when... he was, fifteen years of age. And I found pot, well a piece of solid stuff in his bedroom. So flushed it down the toilet and didn't say anything. And then after that I started to watch his behavior and I knew that on weekends, you know, he was drinking.

Beth confronted her son years later telling him that she knew he had a problem and demanded to know what it was.

> And he said cocaine. And you know, I couldn't believe it. I couldn't believe its cocaine....anyway it was cocaine and he told me about that. He said I have to go out. And I said, "Well I don't think you do". I said, "Why don't we just sit here and talk about this". He says, "I can't talk about it. I can't talk about it". I said, "I think we're going to". So we did talk about it and when his father came back... I told him, and of course he was devastated.

The confrontation they had that day, lead to her son moving home, and entering a treatment program and getting off drugs.

Jim talked about the fact that it took him a long time to recognize and label his children's problem as addiction.

> It took quite a while....he'd come home stoned and I'm didn't recognize it. We were both, [he and his wife] not very up on it. I mean we never used a lot of drugs or around anybody that did and didn't really know what signs to look for and you know, pupils in the eyes and all this other stuff that goes on. We didn't know any of that stuff.

There was nothing they noticed that would bring them to that conclusion. They had thought this was all normal acting out behavior, and it was not until the addiction was labeled years later that the actions made sense as the start of addiction.

Margaret talked about some of the disadvantage of labeling a person in the family as an addict when she told me about what happened at the hospital when her brother was severely beaten after a drug deal had gone badly.

> In some aspects you can't help but think it was just a low life drug addict and nobody gave a damn. He wasn't important in society to anybody and the police very well knew him. So as much as the police department is saying that's not the case, this happened, or that happened, and shift changes, and blah, blah, blah. You still can't help but think that. Just a low life druggie...and who cares.

Lisa talked about being in therapy and feeling that as soon as she mentioned her brother's drug addiction the focus changed and now all of her problems were from the addiction. She felt that the therapist thought to herself:

> This is a good meaty thing that I can get my hands into.
>
> I think that she thought that this was honestly I almost like saw her jump off her seat, like oh wow we've got something tangible here.

What Lisa wanted to say to her was that she existed outside of her brother.

> And these are the things that I do, sure they might be tied, [to him] sure they might be whatever, but this is what's important to me right now.

She wanted to talk about other problems she was experiencing but felt that therapist was seeing everything in the light of her brother's addiction.

<u>reckless or responsibility.</u>

Family members of an addict may try to control the addict and the addiction by taking responsibility for things that were not really their responsibility, or by having the addict ask them to take care of something that was not their responsibility which may give them the opportunity for control. They jumped at the chance to take on this

responsibility because they may felt it would give them some control. Later as things continue to spiral out of control these family members would often try to regain a measure of control by figuring out what they were responsible for in their relationship with the addict. They did this because they needed to define what they would and would not do so they did not lose themselves in that relationship. In knowing who was responsible, they could set up some boundaries for themselves and gain some control of the situation by finding a place they could take a stand. This stance was something that would hold them in place against the raging river that would push against them. In this instance, part of what would be pushing against their determination to stay where they were would be the addict and other family members. It was almost as if they were prying the person's fingers off the branch and sending them back in the stream, or grabbing on to them and pulling so hard they would lose the grip they had on the branch.

One of the overriding responsibilities that Margaret had in her relationship to her brother was her role as parent and guardian of his son. It was not something she had planned to do but she wanted to help out, so she ended up taking responsibility for him.

> So my first action was to make sure that this child was...that social services was aware that this child had no home to go to.
>
> So I got a hold of social services at the hospital and they were already well aware and they had already made the decision to take the baby away from them.
>
> He [the baby] just visited me I don't know why it changed...but he started coming here and we got very attached to him... so Bill and I made the decision to bring him in here.
>
> I was hopeful for them that they would get their life together but I never knew if it would soon enough for James. James needed stability. So we took him in here with the hope that...the initial thing was that we would adopt him if it didn't work out with them.

> So after a while when it got to be difficult and I realized that it was too difficult to raise James and try and stay on track with my kids I realized we had to find another way. We had to find another solution to James', you know, problem. We needed a stable home for him. So I tried to encourage my brother to be there for James and of course I had talked to my family too and they knew that it was getting too difficult for Bill and I. So they were all encouraging Tony too. So when he got out of jail the following February he was set up with my Mom, he was living with my Mom and stuff like that.

After that her brother went back to his old girlfriend and Margaret and her husband were left with deciding what to do about the baby

> I guess you know, from that point on it was like, I knew it was not, I've got to find another alternative for James because this isn't going to work out. As the baby's guardians they were responsible for finding another placement for him which they did by placing him with a family that had been involved in fostering him as a baby.
>
> It's just something that...makes me feel that responsible...I think it probably has to do with the fact that you know raising him as a baby.
>
> Yah it does and it still feels the same today as far as James goes. I'm the one that has to make the decisions has to make the phone calls and I do have my husband to talk to and to back me but I'm the one that worries.

Margaret was caught by her responsibility but longed for something else.

> I love him and I want to have him, you know, in my life as an aunt. But I wish I didn't have this responsibility, responsible for him as a mother you know.

While Margaret has had to decide how much responsibility she bears in bailing her brother out of his financial scrapes, it was this battle that has been the hardest for her.

Lisa has had other responsibilities in her family that she seemed to have gotten into without any planning to take control. It was handed to her and in order to try to calm the waters, so to speak, she took the task in hand.

Lisa was expected to be able to tell her parents if her brother was using drugs, what drugs he was using, and how he was ingesting the drug. She became the resident expert in her family on drug use.

> I came in and I didn't know anything was coming. I was just coming to visit. Is Robert stoned tonight? Look at his eyes
>
> You're closer in age... we don't remember this from however long ago. And it's like OK. It's like check. Well I think so, but then, I don't know.

Lisa also had the role of mediator in her family. She mediated between all of the family members.

> I rescue my family all the time and always get into that mode. Anytime I hear about Robert I feel like I have to be right there.... Get in my car, drive to Stoney Plain and sit there to be the mediator.

It was not until she got some outside help that she realized what she was doing and started to change things around.

> I had my own issues to deal with in that Robert had to do his thing, and mom and dad had to do their thing, and I wasn't responsible for anybody's feelings. And everybody was doing their own thing. And I wasn't going to be part of it anymore.

Lisa's family members tried to get someone else to take care of her brother because they did not feel they could but they were told that they had to take responsibility for him.

> We'd call Social Services. Like, this kid cannot live here any longer. You don't understand. This kid cannot live here any longer. This is what's going on. And because he was seventeen, they basically said, "Well I'm sorry we can't put him into foster care.

Elaine initially had a different experience of responsibility with the addict in her life. Elaine had a problem getting some of her responsibilities as a parent back from a daughter who had taken on the role of parent when her mom was using drugs.

> It set up that old pattern though, of her feeling like what happened to me was more important than what had happened to her. And that was a really unhealthy thing. That I didn't know. It didn't seem to matter how often I told her that I

> didn't need her to look after me. It didn't make any difference. But I needed her to look after her.

Later things changed in that relationship and Elaine was caught in the dilemma of what kind of financial responsibility she was willing to have for her daughter's bills. Here she and her husband did not agree.

> She wasn't paying any room and board. She paid no expenses whatsoever for living here. Bill didn't think she should and I was resentful that she didn't honour her responsibilities

Eventually Elaine developed a sense of what she wanted to be responsible for and had a strategy about how to apply it.

> She was working a lot with I'm powerless over that whole thing. You know, I'd get a call it'd be a creditor, I'd say yes. OK. I will definitely give her this message. And would.

Elaine let go of the things that she felt she had no control over and took care of the things she did have control over and she felt much better about how things were going.

Beth felt some responsibility for her son as well but limits her responsibility.

> He's our only son, what could you do. I mean, geez. We had him; he didn't ask to be born. So we still have some responsibility...but we didn't make him take drugs.

Jim and his wife had two different experiences of the responsibility dilemma. With their son, they were forced into financially supporting him until he was eighteen. Jim stated:

> It was harder for a single male to say "I need welfare", especially when he's below 18. It's the parent's responsibility to take care of the kids and that was always laid on us. It was, even though he...left our house. It's ultimately our responsibility...regardless what happened...the people at welfare were not, not very receptive to giving him anything. It was really the parents. And if they wanted something, sue the parents for it.

His stepdaughter was able to get assistance because she had a child, but his son had to live on the streets.

With his stepdaughter, Jim wrestled with how much he wanted to go to the hospital and be with her in her many suicide attempts. He chose not to be at her disposal but it was a hard decision.

> I mean it's not that I didn't care, it's that I didn't, wasn't rushing to everything that she did.

He decided this after noticing that she did not seem to want to put anything into trying to get better.

> They have a problem and have to deal with the problem and uh; they're not willing to do that.

Jim and his wife had to decide what to do when their grandchild was apprehended by child welfare. He said they decided not to take the child and he was happy with that decision.

> We hadn't done well with two and we weren't about to try with a third.... He's now with a person, a family who cares about him.

They saw their grandson regularly and knew he was okay so they felt they made the right decision.

While these family members tried to not take on too much responsibility, the addicts in their lives struggled to get them to take on more. Margaret talked about her brother's struggle to pass off his responsibilities on the people around him. For years he had come to family members for food, or a place to crash for a while and he would take food or what ever else he could get from them and then he would disappear again.

> He would use guilt, trying to make you feel guilty, and stuff like that. I remember picking him up on street corners early in the morning and him looking like hell because he hasn't eaten properly, he has no clothing to wear, you know, no coat or anything like that bringing him here, feeding him, letting him shower and then he would have to go somewhere...
>
> When he got out of jail the following February he was set up with my Mom, he was living with my Mom.

Even when they tried to get him involved with his child he did not get too involved and instead went back to using drugs with the baby's mother.

> He had a lot of contact with James because we were all trying to make him understand you have to get to know your son.
>
> It felt terrible you know, unbelievable and I felt so much anger for him ... they are so unaware of what the needs of a child are, and just because of their addiction and the idealistic world they lived in. I was just so angry at him and her I don't know which one I was angrier at you know.

Lisa talked about how self-centered her brother was and how that had led to him thinking that everyone around him should be taking care of his needs.

> He can't see anybody else's reason....blaming everybody else for anything.
>
> Nothing's his fault. Everything is everybody else's fault. It's always been that way.

Her brother was picked up by the police on a weapons offence, and Lisa was pretty sure that he was angry because the gun he was charged for violating the law with did not work. His girlfriend expressed this in her call to Lisa and her parents.

> Why did he have the gun? What was he going to do? She goes "well it didn't work, it was just like a boy's toy kind of thing.... You know it didn't work". Well Cody it didn't work but now say he was going to scare somebody with it, and say that person had an actual gun, do you think they're gonna say "Hey Robert does your gun work?" No they're going to shoot. What about if Robert just kind of held it up and said "Hey man the thing doesn't work." The cops would have shot; they're trained to do that.... It doesn't matter if it wasn't working. I'm sure that's what Robert's ... done for a week is fester on the fucking gun didn't even work. "What the fuck am I doing here?"

Elaine talked about her daughter trying to get her parents to pick up her financial obligations. She was living in an apartment with her mother, who was separated at the time from her father. One day she came up to her mother and said:

> And I can't afford to pay any rent this month Mom, I spent it all.

Elaine was in trouble because of this turn of events.

> I was barely making it, cause finances were like incredibly tight and I'd been having cover all of her half of everything for over two months at that point.... I was resentful that she didn't honour her responsibilities
>
> In August she asked her father if she could move home, to this house. Being ah, un-tuned in as he was he said absolutely. No problem.
>
> He paid her bills and got the creditors off his daughter's back.
>
> And then, you know paying for $6,000.00 or $7,000.00 with interest by the time he paid it. And then, you know, not to mention Mastercard....All those other ones that were, you know, screaming and yelling at her
>
> He couldn't see things that he did that enabled her not to be responsible. And you know some of the, I guess the big thing was her financial status. Because he paid ...when they had it to the point of creditors calling and you know, charges being made. That kind of stuff he wrote a check to pay it.

When Elaine moved back into the house, she tried to get her husband to take less responsibility. She tried to get her daughter to pay rent.

> He [her husband] didn't think she should. I thought it was reasonable to hit her up for two hundred dollars a month, room and board. But we could not; I wasn't able to be insistent enough. So I would just let it drop because he couldn't understand why I thought that was important.
>
> Eventually he stopped paying her daughter's bills and they and managed to back off financially and let her take care of her own bills.

Jim talked about his son selling off their things and robbing them.

> Mitch was out of the house when he was 14 and uh, sold anything he could get his hands out of our house. Never, never knew where it went he returned, two different times within a month and broke into our house and robbed the TV,

> VCR and went to the point of putting different locks on the house and bars on the windows, and security system. The bars on the windows and all that stuff ... after the second time when he decided to kick the door in and steal everything. A brand new TV and VCR that I'd bought probably seven days earlier.
>
> Anything that was remotely connected to my son he'd sell. My stepdaughter didn't sell like that. Friends umm, people he went to school with all his life knew, liked run around with, ripped 'em all off.

While his son stole, his stepdaughter was quite happy to live off the welfare system and would call and tried to get help from her parents if she ever fell on hard times.

> Figure out how I get another ten bucks for marijuana, and no I can't afford groceries and that's like having [a chance] and not doing anything about it and just blaming everyone and spending most of the time in hospitals, going, checking in...because she's overdosed.

The addicts in this family all seem to have had very little propensity to put themselves in anyone else's shoes and made outrageous demands expecting everyone to give them what they needed.

<u>overloaded roles.</u>

Family members in these families often have had special roles that they played in the family (Ward, 1994). These roles are often different from the roles that society expected them to be playing. In addiction, the roles were confused and family members played each other's roles. For example, a grandparent may end up acting as a parent to their children's kids. Alternatively, a child may be expected to take care of a parent. Although these roles looked confusing to those outside of the family, they allowed members to feel some sense of control in the chaotic environment in which they were immersed.

In Margaret's family she played a few unique roles. At times she played parent to her brother, picking him up, feeding him, and clothing him. At other times she played parent to her brother's child. As neither of these roles were the ones she would be expected to play in her family in our culture, this was significant. The reason that she played these roles was that her brother's addiction did not allow him to play these roles for himself. Since Margaret did not want him to suffer for this so she plays these roles.

> So Bill and I made the decision to bring him in here.
>
> So we took him in here with the, with the hopes that...the initial thing was that we would adopt him if it didn't work out with them.
>
> So it was just Bill and I raising Tony's son.
>
> We're his legal guardians
>
> You want to be there for them, even though at times it was causing hassles in your own family, because you still love them...

Lisa played a parent role to her brother too, and at the same time she seemed to play a parent role to her Mom and Dad.

> I rescue my family all the time... get in my car, drive to Spruce Grove and sit there to be the mediator. I put myself in that role. And I'm sure my parents feel very comfortable with me being in that role.
>
> We have to take care of Dad.
>
> I worry about both of them.
>
> Trying to physically hold my Dad back from my brother or my brother back from my Dad or visa versa ... I remember ... I was in the shower and I knew Robert was going around with his cocky little attitude and I was having a shower and all of a sudden I heard this thunk thunk and I "oh for fuck sakes here we go again" and I turned the thing off, put a towel on get out and ... then it all starts. "Leave him alone, leave him alone, Dad stop' stop it". It was like back and forth, back and forth "It's not worth it Dad you don't want to get caught".
>
> I'd been working since I was 11, I was responsible for myself, you're not raising me, I'm raising myself, I'm raising Robert

> I used to go out with him, ... when I moved here I used to take him for weekends.... We'd go out for dinner, we'd go to the movies, we'd go to Bingo together, we'd just walk around, we'd do whatever... when he was 15 and 16
>
> I felt... I needed to be there as a sister. As a mother, as whatever... because I did spend a lot of time looking after him as well. That was another thing, that was my role in the mornings before school, after school and, and sorry, sorry if you want to play volleyball or basketball or whatever, intramural stuff in the morning but "you know you've got Robert to look after before school" and "you know sorry did you want to go and do that well we've got bowling tonight together me and Dad", and "you know you don't mind looking after Robert". So I felt a lot, a lot that I did, I used to I looked after his Kindergarten class through recess, and he had junior kindergarten and senior kindergarten, I looked after both of his Kindergarten classes. I went to grade one I looked after his grade one class as well during recess. I was always with him. Always with him

Lisa also talks about having to always be the good kid in the family and how having that role was difficult for her.

> I always had to set that good example.
>
> You know, you're older. You need to set a good example. But this is Damien made incarnate. There's not much I can do about that.
>
> They're like, you're older. You know you have to set your good example or whatever else. And its like there's nothing I can do with him.
>
> He runs the family. That's basically it. He runs the family. And he has for years.

Elaine's relationship with her daughter over the years has had some interesting twists and turns. At times in the past she had been more like a friend than a mother sharing drugs with her daughter and her friends.

> I would treat her daughter much more as an adult, than as a child.
>
> And, you know, would talk to her about things that I should not have been talking about.

At other times she had been more like the child and her daughter took care of her.

> It didn't seem to matter how often I told her that I didn't need her to look after me

Lately though Elaine had pretty much tried to establish herself again as the mother figure in the house and had tried to learn how to care for an adult child.

> She was still extremely depressed. And I wasn't much better. I mean I was on medication and I was in therapy. But I was still, you know, really working hard on not looking after her. Not putting what she needed before what I needed.
>
> So, but I think like the one thing that I did that was really good for all of my kids is they always known I will be there. I don't care what is going on. You know? If something happens, I will be there for them and that I care about them very much.

Beth talked about playing the role of mother that a person would to a young child during her son's recovery, rather than the role that a parent would play with an adult child.

> So he, stayed in the house here and uh, uh I fed him and took him drinks and listened to his ravings and everything else.

When he was in detox he called home and got his mom to bring him things almost like a child at camp who needed supplies.

> He was in there and he had a roll of quarters. And I guess he phoned here and he said, "oh it's terrible, I need to come out". I said, "No you don't need to come out". I said, "Why don't you just stick it out". So on the Saturday he said, "I need food, I need ..."

She brought him food and took his clothes home and washed them for him. When he came out she took care of him and gave him small amounts of money for coffee at the meetings he was attending.

> He didn't want to be left alone, not for a minute and so he wasn't, I mean I was there with him every minute that he was there. It was a strain on me, I'll tell you.
>
> I gave him a couple of dollars. A dollar for coffee at the meeting ... I mean he didn't get very much money so he couldn't do very much.

> He went to the day program up at AADAC and everyday, when it was wintertime, we'd drop him off or pick him up. Either my husband or I would drop him off, pick him up er, if we weren't going anywhere we'd let him have the car.

She took responsibility for holding on to his assets so he could not sell them off.

> He asked me if he could sign over his apartment, condo to me. Put me on the title, register under my name and I said well sure....it was brand new. and I said, sure. So he did this and I signed the papers that it was mine....But when he did this he made me promise, ... mom no matter what I say, what I do, how I try to convince you don't ever sign this back to me....I felt, well, maybe I felt used. But I also felt that hey, its better to be used this way than to flush and to sniff $200,000 down your nose....So I mean, that's just $200,000 less that he sniffed up his nose.

He stayed with us for six, seven months and he moved into this apartment and so far so good.

Jim was not very involved with his stepdaughter anymore and he explained why quite simply.

> I don't have a lot to do with Denise anymore. She's not happy with me, I'm not happy with her.
>
> I just go off the deep end too much, and she does too. We don't see eye to eye on almost anything.

He talked about being approached to raise his grandchild and how hard it was to not become the child's parent and to remain in the role of grandfather.

> We did the best we could and we weren't willing to take on another kid.... And she knew from the start that if she wished to have this child, we were not going to take the child and raise the child. It was a hard decision. And we've always stuck by that, and it is hers, and we'll do whatever to make sure the child is comfortable but we were not going to adopt the child. We're not going to raise the child. We're not gonna have the child in our home as you know, ever for a period of time to raise the child it's not that we're not interested in it at all. We hadn't done well with two and we weren't about to try with a third. And so that was hard. And its hard to watch them, he went, he went out to um couple different foster parents and one of them being a bit abusive and, which was found out later and um, it was hard to see

But now the child was in a loving home that wanted to adopt him and they had regular visits with him. Thus things seemed to have worked for the best.

> You know it's one of those, you might as well give him ah the best chance he can get. And he's where he can get the best chance.

While family members were getting these breaks from the insanity of the river that addiction had brought to the family by either resting on a rock or grabbing a branch, they were looking at the riverbanks and looking for a way out of the river. They looked for a way to climb out of the river and get on solid ground but everywhere they looked it seemed like the walls of the river bank are sheer and steep and there was no way out of the situation they a were in. While they were struggling with the situation with their child, they noticed that the child seemed to lack a sense of responsibility and they wondered what had caused this to happen. They began to question themselves, the parents wondering what they had done wrong and the siblings wondering what they could do to help, and wonder what they had done wrong when efforts to help were futile.

Facing Steep Walls

The situation that these family members found themselves in was quite bleak. There seemed to be no way out. They had bounced off rocks and had tried to hang on to the branches and rocks that allowed them to get a grip for a few moments but eventually the river pushed them along again. They began to think the best way to survive this trip

was to get out of the river, but as they looked around the walls around them were too steep and they could not see any way out that way.

seemingly hopeless.

The struggle to survive seemed too much and they felt that they could not make it. They lost the hope of ever getting out of this mess and they began to allow the current to take them wherever it may. They no longer looked for things to hold onto or ways to get out of the river. They now surrendered to the raging river, the chaos of the addiction of the family member, and like a river, took the course of least resistance.

Each of the family members had times when they felt hopeless, when they felt that there was nothing to look forward to. Each of them had passed through these times before and found hope again. Thus they knew that the despair was only a temporary thing and it might pass.

Margaret described the lowest point in her relationship with her brother, the time she felt the least hopeful was when he was unconscious in the hospital.

> It was awful seeing him in that state. You know it was really hard. Because we didn't know if he was going to be a vegetable or what and then when he woke up, and he was so, he looked so little there in the hospital bed. This big guy that's been so many years in prison, you know, he's really a very small man when you see him in a hospital bed.

She had made it through that experience and had had a few more experiences with feeling hopeless. For example after her brother left his son and went back to using drugs and went back to jail.

> It was a disappointment...always hoping that he would have got his life together after the last jail stint but when you realize that he's not, and he's back out using

> again we all knew it was only a matter of time. You know and so when he did get picked up we would all just say, well you know at least we know where he is now; we don't have to worry about him.
>
> We always expected it; you know....There was just too much there....I was Really disgusted you know.
>
> You know, I figured there was very little chance that he was going to do what he said he was going to do.

Lisa talked about feeling that her brother could have done so much but now he was not going to accomplish anything in his life.

> He has this great aptitude for being able to fix things and figure how they work. The engineering part of things and yet he can, and work with his hands and yet he can sit down and be analytical as well. Like he is quite fascinating. And he would, and I guess the thing that makes me the saddest, is that I feel like it's such a waste.
>
> I don't know Mari-Anne; I just don't see this kid getting any better.

She talked about the feeling that everyone in the family had that her brother was not going to be around for long.

> It's hard and I think a big part of it another part is that Mom and I, and I don't know about Dad, but Mom and I have discussed this we don't believe Robert will hit age 25. 'Cause we think something horrifying is going to happen to him. We think either he's gonna get killed by somebody be at the wrong place at the right time, with somebody, ummm die in a car crash because of being drunk, stoned or whatever, ummm or take his own life. That's what we think is going to happen by 25. I don't see Robert in my future.
>
> That's what it feels like it's a waste of a good life. And I don't see, I don't see a whole, I don't see a light because any time there was a light, there seemed to be a light...down hill again.
>
> And once he hits rock bottom, and people say, once he hits that rock bottom stage, then he'll come crawling back. No its like, no I don't think you know Robert too well. He'll never come crawling back. Look at him. He's in jail. He hasn't called for a week.

Elaine has had her own experience with hopelessness. One of her lowest points were when her daughter got so much worse after she quit using drugs.

> Ya, and I mean, she couldn't even do things real basic stuff like laundry. She would literally go and buy clothing. Cause she couldn't get herself organized to do laundry.
>
> And I knew that I couldn't make her. You know, like, same as with addiction. You cannot make someone do something that they are not ready to do.
>
> It was really hard to see her just disintegrate in recovery.

Beth had similar hopeless feelings about her son:

> In my own mind I was convinced that some night I'd get a call from Toronto saying that he was dead

Even so, for Beth her lowest point was when she saw what conditions her son had been living in Toronto. It was then that she realized that the money from his inheritance had been used for drugs and he had invested about a quarter of a million dollars in drugs.

> We got his car, we got his car and you should have seen inside of it. He had chocolate bar wrappers, four maybe six inches deep and coke cans, and in the driver's, in passenger's seat.... his car was just cluttered with all this crap.

For Jim the time he was the most hopeless with his son was when his son was living on the street. He knew that he was living a rough life out there and he felt really hopeless.

> He probably did almost everything there was as far as, you know right into prostitution, everything else intravenous drugs, um, living in hostels, sleeping on park benches, whatever he could do to survive.
>
> I wouldn't be shocked if I got a phone call saying that they'd passed away.

He talked about not liking to be so negative:

> I hate being a pessimist and I know that the pessimist, reality and pessimism sometimes are the same thing.

With his stepdaughter, Jim could not seem to pinpoint a time when he felt there was hope.

> Denise is making no headway. She's made no headway for eight years. It's, nothing's changed.

> I feel like a roller coaster ride, it's certainly taken a fair bit of joy out of it.... I used to have great expectations of kids. I pretty lost my expectations on a lot of them.

profound loss.

The losses these family members felt over the years acted like riverbanks that they could not get over. They held the family members in the water, in the chaos around the addiction. These walls represent the barrier that these family members experienced as they were trying to getting out of the insanity that the addiction had brought to family members. These losses dashed the hope of the family members as they acted as reminders of all the things that had gone wrong in the past and acted as a beacon of all the things that could possibly go wrong in the future.

These family members experienced many losses. Margaret talked about losing her sense of well-being. She had to quit school to take care of her nephew and she had to give up a lot of her freedom to care for her brother's child. Lisa talked about the loss of a hopeful future for her brother.

> I feel like it's such a waste. Such a waste of a person who could have developed in such a better way.

Elaine mourned the loss of time with her daughter, and the distance addiction had put between them. Beth's losses were much more concrete. She saw her losses in terms of what her son frittered away on his addiction, the loss to family members of money and businesses. Jim's biggest loss was probably his expectation of a normal life.

> It doesn't stop.... you get to the point where you expect things to happen all the time. If it is going along really nice for a week, you can't enjoy it anymore because you know damn well that you won't let yourself enjoy it because you know the next minute you could get another phone call and its all over. And you, you know that something is always pending and if you're starting enjoying something, you know that some things coming. It doesn't matter. Well that's right. I can't and it doesn't seem to last very long lots of times. I don't know, its, it takes a lot of the joy out of things, for me. Uh, it's hard to make your own life and just a part of it stays there and just, go out make your own life. It's not easy thing to do.

The river was now anything but calm, the water was boiling and family members felt afraid, they worried about what would happen next and wondered if they would have the ability to handle the next thing that comes along. They had survived now but wondered what changes were ahead and if they would be able to handle them.

Precarious Rapids

Change is something that most of us are quite resistant to. It muddles up our lives and makes us uncomfortable. It can disorient us and cause us to feel fearful of what is coming. This fear can turn to worry and soon the family members feel their hearts pounding and their gut wrenching in a feeling of near panic as each person goes into these turbulent situations. In a river this would be a white water ride, and in life it can really feel like one.

rapid changes.

Change was very rapid in the family member of an addict, and it was often very drastic. Changes occurred often without much warning and family members were quite

battered about in the process of change. Changes that occurred threatened family functioning such as an addict no longer using drugs, having children, getting involved with the legal system or in the child welfare system. These changes had a profound effect on those around the addict and the turmoil, which often surrounded these changes, battered family members around quite drastically.

overwhelming fear.

As the ride got increasingly, wild and family members felt increasingly out of control, fear set in. It held family members where they were and did not allow them to move to search for a safer way to make the passage through which they were traveling. At other times fear moved some family members to action and was the driving force in seeking a safer passage through the part of their lives that they were experiencing right now.

Fear was experienced in these family members in two ways. The first way it was experienced was that of a driving force. The second was fear that addiction would lead to death. This second experience often brought about change in these families and thus impacted the members very deeply. Margaret's brother's near brush with death helped him to clean up and quit using drugs.

> It was really nice to have him back, to see him seem to be willing to stay clean but then he was just in so much shock about what had happened, you know it really, really scared him and we noticed an immediate change in him as soon as he realized what had happened and how close he came to dying.

The fear had not gone away when he lived through the experience because there was a threat of death even after he was clean.

> We heard through various sources that Tony, that Tony's life was in danger if he stayed in Edmonton.
>
> Because to begin with I did, I did phone the police detective and I discussed all that with him you know my fears and he felt that if Tony stayed between my Mom's house and my house that he would have very little to worry about. If he went downtown to the drag his life could be in danger. He didn't feel that what he had heard meant that somebody would come to our homes.

This threat to his life was deadly and on going and the fear of dying seemed to put her brother on the straight and narrow.

Lisa's biggest fear about her brother has already been discussed; it was the fear that he might die very soon. This fear had family members searching for a cure for whatever was wrong with him. Elaine has feared that her daughter would get so depressed that she would kill herself or go back to using drugs.

> I just thought, she could fuckin' be dead.
>
> I think probably that thing that's still will haunt me, will haunt me forever and will always be a fear in me, is that the last time that she was using she was with a man she didn't know who wanted her to go and be a prostitute with him in Calgary. And she was cranking. And she was like 25. And I just can't conceptualize how she got to that point.

If she goes back to using drugs the worry was that she would end up in an even worse situation than she was when she cleaned up. Beth feared her son's death too, either from drug use or from suicide when his depression got too bad. Jim was afraid of his son and afraid for his son. His son had threatened family members and had broken into their home. This caused Jim to be afraid of his son. The fact that his son had lived on the street and had come close to being seriously hurt more than once while living on the street, and the fact that he did not seem to be getting better made Jim fear for his son. Jim feared for his stepdaughter too. He was afraid that they would die. He was waiting for that call all the time. He poignantly stated:

> It was pretty difficult to live with the idea of whether they're going to kill themselves.

All of these people were painfully aware that addicts do not often get better, and that they are more at risk for death. This awareness brought tremendous fear with it.

constant worry.

The fear of what was happening and the memory of what has happened in these frenzied times in the past causes a lot of concern and worry in these family members. This was especially true when they felt helpless and hopeless about the outcome of the insanity they were experiencing. They were unsure of the future, but thought it would not be good. Because they could not do anything about it, they would sit and stew about all the bad things that could happen. This type of thinking can be very hard to stop and it tends to make the threat seem even out of control. It tends to make things seem even worse than they are. This makes the ride even more uncomfortable.

Margaret talked about worrying about her brother:

> What I remember about it was everyone feeling...really bad about him. You know, guilty about him, and always worrying about him.
>
> And then as soon as you hung up the phone you worry and cry and feel guilty...it's horrible...it's horrible thinking you have to do the tough love act thing and was I too hard on him.

They were so worried about him it was a relief to have him in jail where he was safe.

> When he did get picked up we would all just say, well you know at least we know where he is now, we don't have to worry about him.
>
> We always expected it, you know.... Every news story you hear...you know every unidentified murder...everything you hear like that you always think...it's going to be him

She also worried about her brother's son when she took him in.

> I was worried about the kids. How he would fit in, if I would have enough time and patience to deal with a newborn and with my other kids.

She still worries about her nephew even though he no longer lives with him.

> I'm the one who has to make the decisions; has to make the phone calls... I'm the one that worries.

Lisa worried about a lot of things. She worried that other people would think badly of her family members if they knew what is going on.

> I'm worried about people thinking things....well maybe your parents just didn't do a good enough job.

She worried about her parents and her brother.

> I worry about both of them, and Robert

> I don't know I did I just I loved him to death I thought you know he used to piss me off he used to whatever, but I was always worried about him. And I was always, always felt like I needed to be around.

Elaine had worried about her daughter committing suicide in the past and tried very hard not to think about her doing it in the future. Even so she was not sure it would not happen.

And, she was really struggling. Really struggling. And she was really suicidal.

Beth worried about her son dying too. She worried at first that he would overdose or get killed in a drug related accident or violence and later she worried that he would commit suicide because of his depression. Dennis had much the same fears for his children. He was worried that his son would die in some drug related violence and that his stepdaughter would commit suicide. These were worries that these people lived with daily regardless of whether that addict in their lives was using drugs or not.

Perplexing Whirlpools

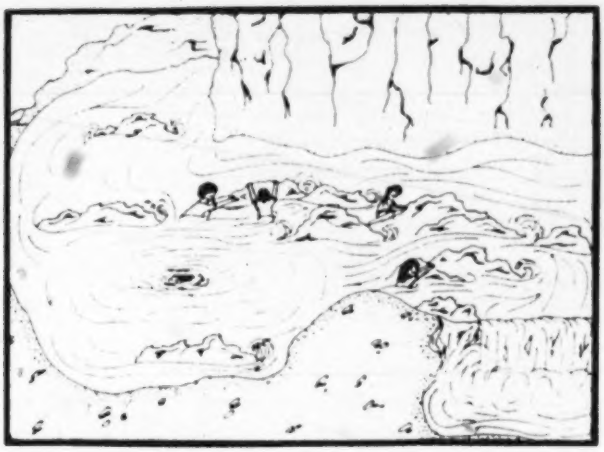


Figure 1e:Perplexing Whirlpools and Treacherous Waterfalls

The river got increasingly confusing and it felt like they were in a whirlpool. Things spun past them and they could just barely be focused on one thing when another came into their line of vision. They are confused, spinning out of control and unsure which direction in which they need to go.

bewildering confusion.

Things were moving along with these family members so fast that they often did not seem to be able to get a handle on what was happening. There was one crisis after another and family members barely got to resolve one problem before the next one came thus they could not focus on one thing at a time and spent their time feeling like they were spinning out of control. On top of this, family members were quite uncertain about

how they felt about the addict. They loved them and yet they were angry with them and at times even hated them. They wanted them to go away and yet at the same time they wanted to see them and know they were "ok". They found their behaviour perplexing and spent a lot of time trying to figure out what was wrong with this person.

Family members spoke of the attraction/repulsion they felt in their relationship with the addict. Margaret said:

> You know, and no matter what they did you loved them but you would be so disgusted with them at the same time and tell them that you never wanted to hear from them again
>
> As soon as you hung up the phone you worry and cry and feel guilty...it's horrible...it's horrible thinking you have to do the tough love act thing and was I too hard.... And lots of wishing he would just move away. I envied my sister a lot that lived in Victoria.

Their behavior baffled and confused family members. Lisa spoke about this in her interview.

> I'm trying to look for something tangible. But this is not something you can just grasp and understand why he's doing this. I don't know.
>
> I'm sick of talking to him, I'm sick of trying to reason with him, I'm sick of trying to whatever; I still want to see him.

Elaine talked about in incident when her daughter was younger and said:

> So, that was like one more step in the, not understanding what was goin' on.
>
> You know, all I can is like I said, you know, I was always aware that there was some problems really, you know, like serious problems going on like this person. But I didn't understand what it was.
>
> With her and, I think the thing that's been the biggest shock to me about that issue is she was such a functional and responsible addict. It was really hard to see her just disintegrate in recovery. Like, just its taken three years to get where she is now.
>
> When she was living at home....it was hard to say, you know, was that addiction or was that normal teenage, teenage stuff.

> So things just didn't make sense to me. And uh, but I mean, not a hell of a lot in my own life made any sense to me then either. So, you know, how could anybody else's life make any sense?
>
> I felt fucking nuts Mari-Anne.

Elaine talked about knowing there was something wrong with her son, but not being sure what it was.

> Well, we went out for lunch and he's walking down the street. Now, and he was talking to himself. Soo oooo this is bad.

Jim talked about not understanding the choices his children had made. He did not understand how they could choose addiction over food, shelter, their children and other family members. These choices confounded him.

Treacherous Waterfalls

The feeling of being dropped by the people that were supposed to help furthered the feeling of being out of control. It was similar to going over a waterfall, the feeling of fear, the anticipation of being dropped, and then the drop itself. At the bottom family members reassessed the situation, re-examined the resources left to it, and then tried to continue on their journey mindful of the fact that there may be other let downs as they continued on their journey.

persistent lack of support.

Margaret felt that she was not getting support from other family members.

> I was kind of angry at them too because I didn't get the support they had said they would give me with James.

I realized I had no family support and that it was getting tough for me.

Lisa, on the other hand, spoke about the trouble they had getting support from agencies and friends.

> She didn't feel very supported by that and they said there was nothing they could do. But we just sort of felt like we were going all over the place trying to do some sort of Social Service thing for him.
>
> Feeling like there was nothing out there.
>
> Or even myself. Like, if I'm explaining to some... you know to a good friend. Like hey, this is what happened you know. And then they'll be like, ya know well, what the hell is he still doing there naa na na, you know kick him out on the street and do what ever you need, and you know what are your parents doing? And its like no, I aaaahh, well you're not listening to me.
>
> Well, what I'm trying, if....what I'm trying to explain to anybody... they don't want to hear it. They will stop me mid-way. They don't want to hear a story at all. They don't even want to be part of it. Nobody wants to believe that this would actually happen.
>
> I'm telling Kim, Kim will always say, oh thank gawd my brother's as good as he is. And its like, you know what? Fuck off. Like I'm, that's great and I do like Buzz. Thank you. Yes, he's a wonderful brother. Yes, he adds so much to your family. You know, sorry you have to deal with my feelings right now. I, I'll take them elsewhere.
>
> I'm afraid to talk to people about it because there's always a judgment or a blame that goes neatly on to my parent's....it's my parents fault or its Robert's fault.
>
> I don't feel that people would understand and when I've when I've discussed it this with people it's what they would have done in any given situation not this is what happened OK and you know whatever give me some sort of other support. I don't care how you would have dealt with that situation. That's nice.
>
> In jail, do you think they'll recognize something, do you think they'll get him a counsellor? Do you think they'll whatever, I'm like Mom I don't think so, I don't think so to be honest with you I don't think so. Jails here are much different than the ones in Ontario. In Ontario they have like 101 different little societies, little things, little whatever that are inside the jails not here. I don't know how many they have but I just, I don't know he needs when he's when he's hitting that clarity point he needs someone he needs a mentor, is what he needs when he hits

> those clarity times. I can't be it Mom can't be it and Dad can't be it because he doesn't have any respect for us.

Elaine felt that her husband was not supportive and she too had problems getting agencies to take her concerns seriously.

> He doesn't communicate well at all about what's going on, or how he feels about it or what he actually thinks. He still doesn't....You know I mean his whole life was twisted around too.
>
> I was not getting any validation

Jim was hesitant to talk to others about his children's addiction problems because he really felt they would not understand. He was also hesitant because he did not want to scare anyone.

> I guess that's probably it. Or why do you want to go there with people you don't really trust. There isn't any point. I mean there's no point. I guess get it off your chest. But if they're gonna judge you and if its gonna be a problem, I don't wanna hear from him anymore

<u>There is No map</u>

The agencies that dealt with family members were not viewed as being too helpful in helping them to map out the river ahead of them. There was no one accepted definition of addiction and no one course that this condition took. The experiences of addiction were bewildering even to those trained to deal with it and the identification and labelling of the condition often took a long time to do. Often the condition was

intermingled with other problems the addict was experiencing thus complicating the labelling procedure.

Family Huddling Together

After family members had been on this trip for a while they often huddled together to try to protect themselves from the elements and from the ferocity of the river. Often they closed off from others and turned inside the family to try to create stability. They read the addict's mood and moves and tried to smooth things over, often losing sight of their own goals, needs and desires in an attempt to preserve the family and the individuals in it.

entangled and enmeshed.

As the family members drew closer trying to figure out what was going on they may end up becoming enmeshed. Enmeshment happens when individual family members lose their sense of self and become entangled with other people. After a while it was hard to tell what thoughts and emotions belong to whom and the family as a unit seems to intermingle to the point where was hard to differentiate individuals from one another mentally or emotionally.

Lisa and Jim were the only two who talked about this directly; the others eluded to it but did not come right out and talk about it. Lisa said:

> They take care of each other that same way. It kills me. Like, she'll be worried about my Dad, oh he hasn't been sleeping, oh he's been so worried about this and

> she's so worried about my Dad. And then I'll go the next day, and I'm alone with my Dad and all his problems seem to be so worried about my mother and how she is, she looks like she's losing weight. So the two of them sit and they worry about one another so they don't have to worry about themselves. It's different. And I worry about both of them.
>
> It's hard to make your own life and a part of it stays there.... Its not easy thing to do.... Its really easy sitting down saying detachment is the only way. But man, if they're kids detaching and walk away from em' is not an easy thing.

We're All Alone

The family often felt alone as a unit and as individuals within the family . Each individual member felt alone and isolated not only from the world outside the family, but also from others within the family. These participants spoke of denial about what was going on and secrets that were kept from the outside and from other family members. They spoke about a feeling of shame about what was going on, or the things that they had done to try to help the family survive, and of hiding things because of the uncertainty in their lives. All of these things lead to a feeling of isolation and can drove family members apart.

a plethora of secrets.

The families of addicts are often closed units that do not allow others into them. They are good at keeping secrets and often have hard rules about not talking outside of

the family about the things that go on within the family. Keeping these secrets, helps keep the family safe from outside intervention.

Lisa's parents were quite fearful about what was going to happen when people figured out they were the parents of the boy who was written about in the paper. She said they liked to keep what was going on in the family to themselves.

> We shut the windows and shut the doors we close the vents and we do what ever before you ever start yelling, screaming, um hitting whatever because you don't want anybody to know, it was always we don't want so and so to know. We don't want this to get out. And that used to drive me insane. And why I think I'm so open is because I was never allowed to be that way when I was younger....But it was you don't talk about these things, (whispers) you don't talk about these things. Lisa you're not talking about it are you? Shh don't talk about it...we don't want so and so to know that we don't want 'cause you know they're just going to spread that here they're just going to do that there.... So it's this whole secrecy thing that I think a lot of it was ok let's not...I think I went right back into lets not tell people because of Because of the family dynamics.

The addicts also kept secrets so that people would not interfere with their drug use. Elaine talked about her daughter's secrecy.

> But she started hiding things then.
>
> She always wore a mask of being happy and buoyant, and ummm enthusiastic and all of these things. None of which she was really feeling.
>
> I wasn't really aware of her drinking. I really didn't know
>
> She was always really good at hiding too, so, you know, always masking. Like this whole false persona. You know? Of who she was.
>
> Well, actually in some ways I'd say she was really typical. You know, very secretive.
>
> Ya. But as a family unit. We haven't ever really sat down and talked about it. Which is about how our pattern is

Jim also reported secrecy:

> There's not that many people I've told what's going on. My family knows and closest probably to one of my brothers. They know what's going on. Other than that there's just a few more people I do chose to talk to once in a while.
>
> I don't want to go there, especially with people you're not, people you don't trust wholly.

experiencing disgrace.

Disgrace was something all of these family members experienced. Its impact on the members of the family of the addict was to separate them from each other and from those around them. These things all made the individuals in the families of addicts feel like they were different from the family members around them and that the difference was a negative one.

The addicts tried to get the family members to feel disgrace by making them feel guilty. This made them more vulnerable to the addict's manipulations. Margaret said:

> He would use like guilt, you know, trying to make you feel guilty, and stuff like.
>
> And then as soon as you hung up the phone you worry and cry and feel guilty...it's horrible...it's horrible thinking you have to do the tough love act thing and was I too hard on him.

Lisa talked about how her brother blamed others:

> kind of just blamed everything on mom and dad. It was mom or dad, and my dad beats him and, and this goes on here. And that goes on there. And, and just whoa, wow, where is this stuff coming from. Whatever, you know, is going on in his head, and like mom's saying, the scary thing is, this kid believes it.

His girlfriend told Lisa that her brother told her that his parents hated him. And she responded:

> Actually Robert's parents love him very much. Robert's parents wish he was well.

The addict's actions would often bring disgrace on family members. For example, going to jail. Margaret says it was an embarrassment and such a waste that her brother was in jail.

> What I remember about it was everyone feeling...really bad about him. You know, guilty about him, and always worrying about him.

Lisa talked about how her mom could not go and see her brother in jail because it bothered her so much, and the guilt and shame she felt because she could not do it.

> She is like totally devastated, her son's in jail.
>
> "That's OK Mom it doesn't mean you're a bad Mom, it doesn't mean whatever you can't handle it".

Elaine said

> I would treat Tilly much more as an adult, than as a child. Like that was, oh I grieve that.
>
> That's it. I'm guilty. It's my fault. Look what I did. I feel like I really have worked through a lot of that. But still there's always a small amount of that that doesn't go away.
>
> And so, that's been real hard to make peace with.
>
> Like, I should have known. It's how I feel, you know. I should have known, but then I realize too that is just bullshit. I mean, should really is just bullshit. Should isn't what was. And, you know, should is just make yourself feel bad

Jim also experienced guilt and shame:

> I mean we beat ourselves up about how bad parents we were forever and ever and ever and still do some days but it doesn't matter anymore. We did the best we could.

Beth says the addiction almost blew her family members apart because each family member would blame each other.

> She knew about it but she didn't tell us. You know, so we blamed her a bit for not telling us. But it wasn't her fault. It wasn't her place to tell us. And

> my husband blamed me because I always gave him everything.... And I blamed him because he didn't listen to him. You know and it went back and forward. Its your fault its my fault, and it nobody's fault.

It took a while but finally things settled down.

> We realized that we had to, we had to be together that we had to make it be seen that we were together on this you know nobody blamed anybody else and that we didn't blame him.

Slow river

Figure 1f: Finally a Slow River

Even through all these rough times and all the turmoil the family members have had they have periods of hope, the addict entered treatment, or a 12-step program or jail and was clean and safe for a while and family members breathed a sigh of relief and tried to go back to enjoying the journey that started out calmly.

a glimmer of hope.

The family members tried to recapture the hope they had at the beginning of the journey but there was a sense of foreboding in their hope because they knew there were no certainties with addiction, it may act up again and the ride would go back to the rough ride they have had before.

Margaret talked about this impending foreboding:

> ...always hoping that he would have got his life together after the last jail.
>
> When he did get picked up we would all just say, well you know at least we know where he is now, we don't have to worry about him
>
> Tony and Melita were together and they were supposedly going into treatment, they actually did go into treatment.... I guess they had visions of one day getting James back and getting straight and clean and everything and so I agreed to take James out there once when he was four months old and I did that and that was the first time the mother had seen him since he left the hospital and my brother I think had seen him one other time, when he went to my mothers place and the baby was there....Well I was hopeful for them but I was not under the impression that they were going get all better and take James. I knew that it would take at least two years of clean time before you would even consider whether they would be capable of looking after the baby. So I was hopeful for them that they would get their life together but I never knew if it would soon enough for James.
>
> We were hopeful that he would get clean and get his life together and...it's a hard situation to be in because you want, you want to give him faith you know, you want to believe him that this time he's going to do it. Because he told me so many times during that stint in jail that he had never had a reason to get clean like now. He had never felt this way before, you know, and I really wanted to believe it, you know, but deep down you still have reservations.

Lisa talks about her experience of hope with her family members.

> Dad's the softy. Dad's the one that...if you sit down and you talk to him and... its just so bad and you know.... And if he thinks there's a bit a hope, or whatever. Which he sees hope in everything we now realize.

> He thinks a lot and he, he watches things and he studies things and then he kind of gives whatever thought he has and it's usually very wise umm I don't know why he's so hopeful. I don't know he likes to change things...he likes to change it.
>
> Until he hits some sort of rock bottom. I feel like if I give him some sort of support which always. Support to me is like rescuing and when I give him that I feel like I'm enabling him, and then it's just going this, just doing this whole circle over and over again that he's not going to get the help so I almost want him to hit some sort of awful rock bottom sort of thing you know where he thinks nobody loves him and he's such a shit head and he needs to do something with himself. That's where I see hope.
>
> There's always this little bit of hope

Elaine says that her daughter has gotten it together more now.

> And I let her know that I care about her and I am grateful for her recovery stuff and that I believe that, you know, its wonderful that the god of her understanding is at work in her life.

Beth talks about getting hope from seeing other addicts recover.

> She'd been clean for five years. Now she'll be clean seven years now.

Beth also sees differences in his personality and this gives her hope.

> I've noticed he's a calmer person. But I guess that because he doesn't have to put in ah, put on any fronts. He's just himself now.
>
> She knows that the statistics are against her son staying clean but she believes that he can be one of the few that does kick this habit.
>
> And you know when he was in Ponoka they told him over fifty percent of the people kick this habit....fifteen percent stayed clean....he came home and he said, well it doesn't look very positive. They tell you this only, and I said, what's to say that you can't be one of the fifteen percent....Is there any reason why you can't be one of them rather than one of the other 85%. He says no but; you know the odds are not good. But I hope like hell the odds are in your favour

Jim had little hope for his stepdaughter, but he was hopeful that his son would get his life together and would become a productive member of society.

> He's trying in some ways. I mean he's still using marijuana but he's still at the job, he's almost four months holding a job I still have a little hope
>
> And keep hoping that some of that little boyish stuff that happened years ago will come back so he'll care about other people
>
> I can't give up.

These family members know that the future is uncertain but when they were hopeful and all is calm, they try to relax and enjoy whatever this day brings without worrying too much about the uncertainty of tomorrow.

CHAPTER 5: DISCUSSION

The Journey

In Chapter 4 we saw a detailed description of the experiences of parents and siblings of addicts. This research has given these people the opportunity to describe their experiences by telling their personal stories. It has widened our knowledge of the experience of addiction in the family by collecting information from family members beyond that of spouses and children, and has allowed us to see some of the other family members' experiences of addiction in the family.

The analogy of a raft ride down an uncharted river has provided a visual picture of the experience of addiction from the respondents' perspectives. This ride is multifaceted to reflect the fact that the family members' view of addiction is multi-faceted. While the complexity of the experience of having an addict in the family was difficult to describe, the analogy of a raft ride down an uncharted river helps uncover some of that complexity. It is noteworthy that the river ride described in this thesis is not unlike Hill's description of the roller coaster ride of family crisis management (1948). The uncertainties that are a part of addiction put family members into a state of confusion and disturbed functioning, while they may gain some stability over the course of handling the issue, there may be continued disruption of family members functioning as they attempt to cope and problem solve. Since Hill's initial theory, other researchers have detailed models that describe the psychosocial processes involved as family members experience a family crisis like addiction. McCubbin and his colleagues, (McCubbin & McCubbin, 1987; McCubbin & Patterson, 1983a; McCubbin & Patterson, 1983b; Danielson, Hamel-Bissell, & Winstead-

Fry, 1993) in their family adjustment and adaptation response model, are examples of family theorists who detail many of the same issues in the family adaptation process as these respondents do to handle family crisis. Similarly, health researchers such as Rolland (1994), Wright & Leahey (1987) and Cole and Reiss (1991) provide insights about handling addiction as a chronic illness. Their insights and those of other research about addiction will be utilized to discuss the experiences that this particular group of parents and siblings have had with respect to living with a family member's addiction. The following section summarizes that ride. It is followed by a discussion of key insights and their relationship to relevant research and theory.

Family members start on their trip with the expectation of a nice reasonably calm trip. They expect that the river will be challenging and exciting but they do not figure on the ride being anything they cannot handle. They soon run into problems that scared them; the river became rough and they did not know what to do. This ride was much different from the ride they had anticipated and hoped for and its unpredictability made them wonder if they were equipped to handle the journey they started.

Family members suspected early on that was something different about one of its members. This person seemed to be causing an extraordinary amount of commotion and they seemed to be unsettled, and unsettling. Family members knew that there was a problem but could not seem to get a handle on it. They felt tossed around in their attempts to figure out what was wrong. They were bounced around by the opinion of others: family members, friends and from outside sources. In addition, they admitted to denying that there was really anything seriously wrong, often hoping that things would work themselves out. All these people had theories about what could be wrong with the family

member and what the family should do about it. This rough ride went on for quite a while and gradually the family members learned to cope with the turbulence that was all around them.

As time goes on the river becomes even more out of control. There are rocks and tree branches in the river that can be dangerous to bump into, or that can offer a stable place to family members to rest and gather strength and resources to take with them on the journey. There are whirlpools that spin the family members out of control and there are waterfalls that drop the family members down into deep pools that seem almost impossible from which to escape. Family members huddled together and hung onto the raft for dear life but there was a feeling of impending doom and family members could not help but wonder if they would survive.

Things kept getting worse, and often a sudden crisis brought the family members to realize that they were dealing with something they were not equipped to handle, like a hazard in a river that seemed to appear from nowhere taking family members by surprise. It can be a rock they run into, like such as the criminal justice system. If the addicted family member was incarcerated, such an action may have dropped them into a deep pool of depression or a whirlpool of confusion. For some family members incarceration allowed them to have a break, a chance to rest, or even provided with the help they needed or the opportunity to search it out while the addict was safe and the family members did not have to worry about them for a while.

There were times that family members looked around for a chance to get out of the water. They look to the riverbanks hoping that they could find an escape but the banks were too steep. Before they could get out and get help, they were swept down the river

and the chance to get help was gone. These family members often sought help but they were uncertain about where to find it. Should they go to a doctor, a priest or minister, an addiction counsellor, treatment centre or a psychiatrist? They looked around to find someone to help them but often only had few minutes of calm and if they could not spot a way out quickly, they were swept away by the problems in the family and had no time to find the help they needed.

Not the entire ride on the addiction river was rocky. As the journey continued, there were times that the river was calm and the family members had a bit of a break. These times were used to gather strength and resources for the trip ahead. They looked around and took stock of what they had; they ministered to the needs of the family members on the raft and tried to take care of themselves. Sometimes in these periods, they thought that maybe they should try to get to the shore to get help. If the calm was long enough and if they had enough energy at the time they may manage to get to shore and find some of the resources they need. Often, unfortunately, the family member did not have the energy to seek out the help they needed, it was so hard to get to shore and they just did not have the resources to paddle that far. They also may have felt that the break that they were getting was going to be short, that soon they would be back in the thick of things and so they would not have time to get help before the family member was thrown back into the raging river and fighting for their existence again.

Family members got breaks along the way when the addict was absent for whatever reason or times when they were clean (maybe in treatment or a program or when they are not using). The family members tried to relax and get a sense of equilibrium at these moments. If a resource appeared at this time, they would probably access it, but if it was

not easily accessible, they may be too tired to search for things that might have been helpful. The feeling that the break was not going to last and that soon they would be back in the thick of things or that their outside resources would not help may have caused the family members to just stay where they were and try to help themselves as best they could.

Key Insights from Parent's and Sibling's Perspectives

Six key insights about the meaning of addiction to parents and siblings were found in the experiences of the respondents as they rode this raging river. These include: addiction is a family affair, acknowledging the problem is tough, unpredictability and fear complicate family interactions, anger and concern are both part of our responses to the addict, our life cycle isn't normal, and the river rolls on, and on and on. Relevant research will be used to provide a research and theoretical context for the findings of this study. In conclusion, the limitations of the study will be detailed and suggestions for further research and several practical applications of incorporating the findings in programs designed to work with families experiencing addiction will be provided.

Addiction is a Family Affair

The parents and siblings in this study gave many examples of the impact of addiction on their life and roles in the family and beyond. Systems theories have argued

that any change in one aspect of a system like the family has an impact on all the other parts of that system (Hill, 1971). These respondents gave many examples of the changes in roles, in expectations, in responsibilities in the family, and in the psychosocial dynamics of interactions.

Researchers have talked about the alcoholic or drug dependent family (Steinglass, et al., 1987; Browne, 1988; Ziter, 1988) rather than a family with an addict. This is because in families with an addiction problem a great deal of the family life is focused on the addiction, which can become the main organizer of the entire family system (Ward, 1994). This focus is the reason people can see considerable similarity between the impact of addiction on family members and the impact of a number of chronic illnesses. Because of the addict's physical condition, they cannot fulfill family responsibilities and roles. Others have to adjust and anticipate changes. In addition, there is a pile up of other stresses that become a part of family life. Studies of families with alcoholic members have noted that family members often assume stereotyped roles. Some may be enablers who allow the individual to continue drinking without suffering the consequences of their drinking (Copans, 1989) whereas others become scapegoats who can be blamed for family members problems. Acquiring such roles is a cover up for the anger, guilt, and damage that each family member feels. When these roles were acquired and the problem of alcohol abuse was not addressed, the family unit continued in a state of crisis (Krestan & Bepko, 1988).

Acknowledging the Problem Is Tough

In order to handle a difficult issue in a family, there needs to sufficient agreement that something is wrong and needs to be addressed. In some theories this is called appraisal of the situation (McCubbin & McCubbin, 1987) in others this is called "framing" the situation. How did our respondents diagnose or acknowledge the problem of addiction?

In listening to the stories that the family members told about living with an addict it became quite apparent that some family members noticed quite early on that the addicts were different in some way from other children in the family and other children their age. The family members talked about the fact that these children seemed to have had other problems while they were growing up. There were references to sexual abuse, eating disorders, depression, acting out behaviours which were quite extreme, early involvement with the criminal justice system and early heavy drug use. While Beth did not refer to a life long search for what was wrong with her son, she did talk about the fact that things had not been right for quite a while before he told them about his addiction. All but Margaret spoke about trying to get a handle on what was wrong with this family member for quite a while before it was finally labelled as an addiction. With Margaret, it seemed as though the family members had identified his addiction problem early on in her brother's life. Possibly this is because he left home at quite a young age to live on the street. It is also possible that Margaret did not actively participate in this debate in her family because she was involved in raising a family a few provinces away. While most chronic illnesses have a clear diagnosis and often occur suddenly, addiction most often

develops over a long period. Thus, addiction was something that these respondents had trouble acknowledging. In addition, the stigma associated with addiction may in fact have prevented both family members and the addict from acknowledging the problem.

When is an addict an addict? This question seemed to haunt most of the family members. They struggled to figure out what was wrong with the member in their family. Lisa said

> What's been really difficult is not knowing exactly whether he was addicted or not. And I know that seems, ridiculous but because someone from somewhere with a nice title attached to their name didn't say, that kids addicted to drugs in your head you kinda think, well maybe he's not.

Her dilemma was not unique, each of these family members seemed to have had a hard time pinning down whether the addict was addicted to drugs or not. They could not conclude this until they had someone else confirm it for them. Most of the people in this study had this label confirmed by the addict but a few of them did manage to get the confirmation they needed either by AADAC or by the criminal justice system. Once the label was applied, each of the family members struggled to try to figure out how long the addiction had been going on. What they found was that they had lived through years of addiction before a label was given to it. Once the addiction was labelled there seemed to be a sense of relief in knowing what was wrong with the addict even though the family members knew the outlook for the future was not great for the addict. There was comfort in knowing that they were not imagining things there really was something wrong with the addicted family member, and that even though the outlook was grim there was a better chance of solving the problem now that they knew what it was.

Labelling the problem did not relax the family members; in fact dealing with the addict's addiction brought with it a completely different set of problems. The family members now had to learn to deal with the addiction in a different way and tried to adjust to the changes that treatment brought with it. Family members were often in quite an uproar for a while after the addiction problem was identified and they made adaptations for dealing with it in the family. They had to assimilate the label into their lives. Once they found out there was an addiction problem in some ways it took the pressure off because they knew what they were dealing with and in other ways the pressure got more intense as they tried to apply the diagnosis to their lives. They struggled to follow the advice of the experts who were now involved in their lives as they tried to cope with the addiction and the treatment for it. They knew in the back of their minds that few people get out of addiction permanently and tried to keep the addict's life as calm as they can so he did not go back to using drugs again. Every time the addict straightened out the family members wondered how long it would last. How long it will be before they are back to dealing with all the problems that active addiction brings?

In the Stress and Coping model developed by Hill in 1949, the family's definition of the event reflects its value system and its experiences. These values and experiences are used to give meaning to the event. This defining or giving meaning to the event is the first step in the problem solving process (Hill, 1949). Hill talks about the importance of the definition that a family gives to an event and how that definition affects the ways that families cope. The way that the stressor is defined is seen as having a major impact on how the family handles the stressor (McCubbin & Patterson, 1983). The meaning given to the event then defines not only the event but it also applies to the course of action

taken by the family as it tries to deal with the event. The meaning of addiction for the family would then be a major factor in how the family manages the addiction.

Denial played a role for most of these respondents and denial is a subject that has intrigued researchers for many years. Denial, the process of attempting to negate a problem at different points of handling difficult situations, has been viewed as having both adaptive and harmful affects. While denial might be helpful in early stages of family members interaction with an addict in that it allows the family members to continue to handle their tasks, at later stages it may actually prevent family members from accessing help. Rolland (1994) has suggested that one needs to take a longitudinal perspective to see how denial might be used over the course of a chronic illness. Research on alcoholism has suggested that often the problem was not admitted until there was a critical event that made denial impossible (Copans, 1989).

In going back through the section on denial that is in the last chapter, I am struck by a few things. The first thing that struck me was that the whole concept of denial was very confusing and that the family members did not seem to be able to wrap it up into a nice neat bundle. They were all over the place with it, they described it, told how they thought it happened, gave examples of what it was and then tried to figure out what if anything was different since they had accepted that their family member was an addict. While somewhat illusive at the time, it is being used the term denial offers a label for a behaviour that is quite common in the addict's family members lives.

There seems to be denial at a few different levels. There is the denial of the addict that anything is wrong, there is the denial of the family members that anything is wrong and then there is the denial of society (friends and social agencies that are supposed to

help the family members out). There does not seem to be a timeline of what comes first or what is the most influential but there is a definite pattern of denial at three different levels at least. Finally, this is a normal way to handle a situation that is difficult and recurring, especially one that seems to defy our understanding and which has no resolution.

The complexity of denial is the first thing about which I would like to talk. Family members had a hard time talking about denial and for good reason. Denial is something that we all use everyday. The complexity of modern life requires us to try to focus on one thing at a time. We cannot focus on everything that is going around us all at once. It would be too overwhelming for us to try to remember everything we need to know about for work, our families, our friends and the various organizations we belong to all at once. We use denial to put aside some of the information so we can focus on the task at hand. When we look at the family members in the study, remembering how we all use denial, they were doing the same thing everyone else does. They have had complex and confusing lives. These family members had dealt with many different things at once. Personal addiction, raising children, illness of other family members, death of family and friends, juvenile delinquency, mental health problems, behaviour problems and the addiction of a family member are all common in this group. They dealt with these as well as all the other things we all have to deal with in our society. It is no wonder that the addiction problem of a family member is denied.

It is interesting to me how most of the people involved in the study talk about denial at different levels. They talked about the denial of the addict. The fact that they were unable to get all the information they needed because the addict down played what

was going on. They talked about the lying and conning that the addicts did and the difficulty in getting a straight answer to questions they had about what was going on. The denials of the addict lead to deception and family members were left in the dark.

Family members talked about their own denial, choosing not to see what was going on or not looking too hard at things that were going on in the family. They talked about being busy with other things and these things seemed to screen them from having to look at what was going on with the addict.

The family members also talked about the fact that they tried to get help for the addict. They tried to find out what the problem was, but they had no luck doing it. The agencies they were dealing with were unable to assist them in coming to a resolution of the problem and did not seem interested in helping or were unable to help. They didn't feel that agencies or friends really listened or believed the story they were telling and so after a while they stopped reaching out for help. They also commented that it was as if no one believed them when they told them what was going on. This denial at an agency or institutional level showed up repeatedly in the interviews. It is a type of denial that is often overlooked when dealing with family members. It is too bad it is ignored as it may explain some of the denial that goes on within the family. It is especially easy to have a family member's addiction problem go unnoticed if they take the family member to experts and have those people deny the problem. Addiction is at best a problem that is difficult to define and so experts have difficulty in applying a label. If the experts in the field were not able to apply a label to the addiction of the family member then it is understandable that the family members were hesitant to do so. If the people around the family did not accept what was going on as an addiction problem then it is easy to see

why the family members might do so also. It would seem to me that the denial these family members go through is a very normal way to handle a difficult problem like addiction. It is difficult because we do not understand it well and one that we have a hard time fixing with much success.

Unpredictability and Fears Complicate Family Interaction

Most family members that experience a chronic illness like addiction enter the experience without any kind of psychosocial map (Rolland, 1994). It is evident that they desperately sought out some kind of guide that could provide support and reassurance that they were handling the situation as well as could be expected. Because addiction is a chronic illness that generally comes on gradually, has a relapsing course, and has the potential of life threatening outcomes with mild to severe incapacitation of the person, the probability of an ongoing sense of unpredictability and fear accompanying it is high.

The unpredictability of what was ahead was a reality for these family members. They had bad experiences in the past with the addict acting out and often had to deal with police, schools, jails, child welfare, and counsellors. Some of the experiences had brought about positive results but the experiences of dealing with these agencies were very stressful. These family members knew that they would more than likely have to deal with these agencies again in the future if the addict kept using drugs. The other thing that could be in their future is death. Addicts die much earlier than those without the diagnosis do and the more they misuse substances the earlier they tend to die (Neumark, et al., 2000). The feeling of having imminent death hanging over them is one

that the family members talked about in the interviews and it made life quite unpredictable for the family members. The fact that there is no set course for addiction also adds to the feeling that the future is not predictable for these families and their members.

One of the other things that stuck with me after these interviews was how much fear these people had to live with. I heard one time that fear is a question about the future. In most of these peoples lives there seemed to be lot more questions about the future than answers. There were questions about what was wrong with the addicted family member, questions about what was right to do and what was wrong to do when dealing with them, questions about when helping was really helping actually hurt the people instead. None of these questions had any clear-cut answers. There was so much not known about what was going to happen that these people feared the future and what it might bring. Would the future bring recovery from addiction and a more normal life? Or would it bring more of what they already had, confusion, anger, denial, and frustration of dealing with an addict who was unwilling or unable to change? Would the future bring the frustration of dealing with agencies or individuals who were unwilling or unable to help them with their problem? Or could the future hold even more frightening consequences like death.

These fears surfaced in the interviews. Margaret was afraid that the dead person found in the city centre was her brother. Her fear that he might not stay clean this time or her fear that he get custody of his son and mess him up for life. Lisa, on the other hand, was afraid that her brother might do something that would not only get him incarcerated for a longer time but which might also lead to his death. Her fear was also about the

problems around what Robert's addiction were doing to her family members and her fear of what was going to happen to Robert and the rest of her family in the future. Would Robert stop using drugs; would he stay clean and would the family survive the struggle ahead?

Elaine seemed a bit less fearful about the future but even she was not confident about it. She was hopeful that her daughter would stay clean but having watched one relapse and knowing the other problems that her daughter was dealing with made her hold back on feeling that her daughter's future was secure.

Beth had experienced some horrible things during her son's active addiction and knew that her son had come close to death in the past. She was painfully aware that the chances of him staying clean were not great. When he was in Ponoka they told him over fifty percent of the people kick this habit. Fifteen percent stayed clean. He says, "You know the odds are not good". Hearing her son say this raised her fear about what was going to happen to him and to their family members in the future.

Jim had lived with the fear that one of the addicts in his family would commit suicide for years. He had heard the stories that his son had told him about life on the streets. He had lived in fear of having his home invaded and robbed by his son. He still lived with those fears, and with the fear that something he did or did not do might make the situation with his son or daughter worse at any time.

The questions these family members lived with every day and the fear that resulted from not knowing the answers was very strong in these interviews, and I was impressed by the courage that it must have taken for these people to face the questions and fears that were always present in their minds. I also realized that even if the addicts in their lives

got clean that many of the questions would still be there and these people would need continued courage to face the future and what it could bring.

Anger And Concern Are Both Part Of Family Members' Responses To The Addict

As a family member, there were conflicting responses to the disruption that the addict posed to family interaction and life. On the one hand, anger over the addict's behaviour and his or her irresponsibility was common, but on the other hand, there was a continuing concern for the welfare of this person as well. It was not easy to "divorce" this member from the family, and even when these family members suspected their ongoing concern and support might be contributing to the person's continued addiction; they could not give up on them.

Our Life Cycle Isn't Like Other Families

The family members interviewed often gave the impression that they felt their lives were not normal in many ways. The concept of a normal family is one that used by many people but is not one that is easily defined. Normal usually means that patterns fit within an expected range of behaviours. They saw that several experiences that they were going through were different from those families around them. In particular the movement through the family life cycle did not fall into those ranges. Most families around them see children grow, develop and move out of the family as they mature. Families that have an addicted family member may not experience life within the range

that other families do. Even though more families in general are seeing their adult children return to the nest when experiencing economic or personal problems, for families without an addict these returns are usually shorter than for a family with an addicted member For a family with an addicted member this "return to the nest" may be for long periods and may be mandated by societal institutions this may contribute to them feeling like they are not normal.

In addition, these respondents gave evidence that their family life had longer periods of dependency. Parents were forced to continue to parent long after they expected to and siblings often felt displaced by the addict, For example, respondents suggested that the addict got all the attention and that younger siblings often had to take on responsibilities that were not ones they should have, given their place in the family.

Rolland (1991) has suggested that these patterns may be normal given the circumstances that these family members are experiencing. They are doing the best that they can under the circumstances. Even so they gave evidence as well that the patterns of dependency and extended family life cycle often was not functional for all the family members or for the family as a unit and those patterns place pressures on the family members to make changes in their behaviour.

And the Raging River Rolls On, and On and On.

Lives as a parent or sibling of an addict involves a constant expectation of a rocky ride. Graduation from high school, marriage, getting a job is not a guarantee that

parenting an addict will be finished. Even when there were brief respites from the impact of addiction, the family members were worrying about the next whirlpool and how it would affect them yet again. Margaret shared some ideas that illustrated the idea of this river journey having no end. She talked about feeling these things even after her brother was clean.

> Every news story you hear...you know every unidentified murder...everything you hear like that you always think...it's going to be him.
>
> My Mom and I are still affected by his addiction you can't stop those thoughts, when you hear something on the news it's just kind of automatic. But now it's a relief, hey it's not him...and you drive down 97th street or you're coming home, I was driving down by the drag area last week and I realized I wasn't looking for Tony. I wasn't wondering if he had a coat, if he was hungry... if he was laying somewhere.
>
> My Mom still has dreams about him dreams that he decided to go there again and what she felt and how devastated she was and she wakes up and sees it's only a dream.
>
> Because even though he's been clean for a while it's still hard to really accept that this is it, he's back.

Even when the addict cleans up there is still a chance they might relapse and since the rate of recovery is not one hundred percent these concerns never really go away.

Assessing the Credibility of the Findings

The credibility of the findings for a qualitative study is determined by several factors; the care with which the information was collected and analyzed and the checks that assured the researcher that the description provided by the researcher "rang true" to

the respondents. While this researcher was not able to contact all of the participants in the study, she did contact two of the participants. She also checked with others who met the criteria for the study but were not involved in it to see if the findings were consistent with their experience. These interviews provided confirmation that the findings and analyses were consistent with what the families of addict's experience.

This study has obvious limitations for generalizing the findings beyond this group. The sample is small and not very diverse. There is only one man in the group, and no brothers of addicts were included. In addition, the addicts were now adults so that we cannot be sure how parents and siblings were impacted over different stages of the family life cycle or at different stages of addiction. The time for each interview was limited and the topic that the people were asked to talk about, the meaning of addiction, may have created boundaries around what people would discuss. Even with these limitations the qualitative method of allowing parents and siblings of addicts to tell their stories allowed the identification of some fascinating insights that became visible as the participants shared their experiences making the study relevant to other parents and siblings like those in this study. While one cannot generalize these findings to all parents and siblings of addicts, the study did not nullify the importance of gathering information about addiction from a broader range of family members than just spouses and children of addicts. If anything, it points out the need for further research in this area.

Implications for Practitioners and Researchers

Program implications

In looking at the findings from this study it becomes quite apparent that the parents and siblings of addicts have been through a very stressful time and have had many experiences that most of society has never had to endure. In the literature review at the beginning of this thesis, there were references to the fact that the family members of addicts were considered an important part of the treatment of the addiction (Le Poire, 1992; Straussner, 1994; Tomko, 1988). It is important for people involved in treatment programs to understand the stress that the family members have experienced. Family members need to identify and name the addiction in their family so they can create their own psychosocial map for the uncharted waters they may experience. If they understand such things as the patterns of onset, the relapsing course of addiction, the possible outcomes and incapacitation as well as being able to acknowledge the degree of uncertainty that will accompany addiction this may provide them with a means to understand both the practical and the relationship demands of this chronic disorder.

One of the tasks of an effective practitioner who works with family members that are living with addiction is to empower them to develop strategies that allow them to live with the disorder. Recognizing that both the addiction and the family have life cycles is essential for practitioners to identify the kind of help that is needed at a particular point in time. These are needs for the addict, and for the family members. Intervention programs should not be one of a kind; they need to be flexible enough to respond to unique needs over time.

The stigma of addiction continues to keep family members from accessing help. Addressing addiction as a chronic illness rather than a personal failure may in fact give more family members permission to seek help and admit that they have reached their limits. Some program practitioners suggest that including several family groups who have experienced addiction in intervention or support programs may allow family members to share experiences and to collectively develop psychosocial maps to handle the identified issues for different family members (Klees, 1984). They argue that these programs may induce change in families within a shorter period and may deal with resistance more effectively.

Addiction is a family problem as well as an individual problem. This means that we would argue as others have that the unit of care needs to include family members (Straussner, 1994; Steinglass, 1987). While family members continue to act as caregivers for addicts of all ages, they too need the care that will assist them in providing this support while still nurturing themselves as productive adults. Providing more opportunities for parents and siblings to access support and help in order to cope with addiction would make them better participants in the care giving process and would not make them as vulnerable to negative outcomes themselves. This kind of attention would strengthen the family members and reduce some of the stress they have and it would prepare them for the additional stress that even the recovery from addiction could possibly bring. If the family members are well prepared, then the chances of their being able to assist in the treatment of the addict are better. This would mean that our treatment of addiction would have to include treatment for all family members, which would be more costly. It would also mean that the addict is going out to a healthier environment

after treatment that may increase the long-term success rates of addiction treatment programs.

Rolland (1994) talks about involving the family members in all stages of dealing with illness. He talks about evaluating the family to see how involved it is and how involved family members are willing to be and then evaluating the problem in terms of the demands on the family in dealing with the disease. After these evaluations are made then the family members can be involved in the care of the patient in a way that is not too stressful on them or the patient. This treatment model seems to be one that could be applied to the family members of addicts with success. Doherty and Campbell (1998) have another way of treating family members dealing with chronic health problems. Their approach is also one that could be easily adapted to fit the treatment of the family members of addicts. In their treatment model, the Family FIRO (Fundamental Interpersonal Relations Orientation), they propose that relationships in families can be categorized into three categories. These are "inclusion belonging, role patterns, boundaries), control, (influence, power, conflict) and intimacy (close personal exchanges, in-depth sharing, 'I-Thou' relationships". (p.100) They believe that all family interactions fall into these categories and that by looking at the relationships using this filter they can analyze the social dynamics of a situation and find ways to improve the interactions among the participants. When applied to addiction and the addict's family members this model offers a framework to use in improving communication within the family.

Research implications

In looking at the meaning of addiction to the parents and siblings of adult addicts, we have found that the impact of addiction on the members of the family of origin is quite extensive. There were similarities with how the spouses and children experienced the addiction of a family member and how the parents and siblings experienced the addiction of a family member. Any research study always generates additional research questions that future research might address. For example, there needs to be more research into the experience of addiction by parents and siblings using both case studies and qualitative approaches, such as ethnographic or enthnolinguistic as well as survey studies at different stages of the family life cycle and different stages of addiction. Such approaches are complementary and allow for the identification of issues as well as the testing of hypotheses. Both the richness and specificity provided by these research approaches will improve the quality and content of the intervention programs for family members. Many research questions are possible: does gender similarity or sibling order make a difference in the meaning and impact of addiction? Do mothers and fathers perceive the meaning differently? Are coping techniques different for these family members as compared with spouses and children of addicts? Does it make a difference whether the addiction is to alcohol alone, drugs alone or multiple sources in the meaning it has to parents and siblings?

More research needs to be done in order to assure that the findings of this study are applicable to a larger population base and there needs to be work done checking the image of the river ride with others who have experienced addiction in their family. This

conceptual framework could also be tested with other friends or family members to see if describes their experiences as well (spouse, children, aunts, uncles, friends, grandparents, etc.)

A Challenge for the Future

The journey that these family members are on is rough. Experts don't agree on what has set them on this path and no one seems too sure about the course the family members should take or what the final outcome or destination will be. The family members is often tired, confused, frustrated and feels like they are holding on by a thread. The family members often bear the blame for the situation, family members are told by well-intentioned but poorly informed professionals and friends that getting out is easy. However, the family members knew it was not. You could not just walk away from your family; there were social and psychological ties that are never really severed.

Rolland (1994) has suggested that we need to redefine normality for family members experiencing crises such as addiction or life threatening illness. Too often, the concept of functional is used to define family normality. Functional means that something is workable, but we need to ask for whom and for what. Rather than defining family members as dysfunctional when they are dealing with addiction, we need to identify the processes and patterns that are not working and to address means to change or adapt these processes. These family members function as best they can under the circumstances and yet are told by well meaning friends, other family members and practitioners in the treatment field that what they are doing is dysfunctional. Labelling

them as dysfunctional adds yet another stigma to the already powerful one of addiction. Today's society has little understanding of their plight and offers little assistance to them, and yet has expectations of them that far exceed what they can be reasonably expected to do. These people continue to cling to the hope that the addict would get clean and stay clean and they would have a normal life some day, even when they knew that it was not likely to happen

The parents and siblings have much to tell us about the addict and the affect they have on others. They need us to listen and develop programs and services that will help them to stabilize the family members and assist them in dealing with the addict more effectively. Listening to their stories we have the opportunity to begin to understand better what they are going through and to help them interrupt ways of handling the problem that do not work, see the problem through all the family members' eyes, and open up their boundaries to the available help when and where they need it. This is a difficult task for the future but without this attention to broader family members in the approach, we will not understand what the broader affect of addiction is on our society.

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APPENDIX

Information about the Study

Do you have a son or daughter/brother or sister who is over 18 and who has abused at least one substance? Would one parent and one sibling of that addict be willing to participate in a study at the University of Alberta which seeks to help us understand what addiction means to the parents and siblings of adult addicts. If you are interested in participating or want further information please call Mari-Anne 492-5141. (All responses will be confidential.)

Advertisement for Participants

Do you have a son or daughter/brother or sister who is over 18 and who has abused at least one substance? Would one parent and one sibling of that addict be willing to participate in a study at the University of Alberta which seeks to help us understand what addiction means to the parents and siblings of adult addicts. If you are interested in participating or want further information please call Mari-Anne 492-5141. (All responses will be confidential.)

Information and Consent Form

The purpose of this study is to explore the meaning of addiction according to the parents and siblings of adult addicts. Hopefully information from this study will be used to develop treatment programs for addicts as well as programs for their families. An addict is defined as a person who has abused at least one substance (such as alcohol, street drugs, prescription medication etc.).

Each participant will participate in two or three interviews each of these will be from about a half to one hour in length.

This research will not have any unwanted side effects but because it discusses a sensitive topic the participants will be provided with information for community support agencies (see Appendix: Community Support Agencies). While there are no direct benefits to studies participants hopefully the study will improve our understanding of family responses to addiction.

No names will be attached to any information obtained in the interview. Participants may refuse to answer any questions and may withdraw from the study at any time. Data will be used for research papers and conference presentations.

Consent

I acknowledge that the research procedures described on the information sheet above and of which I have a copy have been explained to me, and that any questions that I have asked have been answered to my satisfaction. In addition I know that I may contact the

persons designated on this form, if I have further questions either now or in the future. I understand the possible benefits in joining the research study as well as any possible risks and discomforts. I have been assured that personal records relating to this study will be kept confidential. I understand that I am free to withdraw from the study at any time without being bothered by the researcher and that I may refuse to answer any question that is uncomfortable for me.

Participant's name:_____

Signature:_____ Date:----------

_____

Researchers name:_____

Signature:_____ Date:_____

If there is any question about this research call Mari-Anne Joslin at 492-5141 or Dr. Dianne Kieren at 492-5770.

Participant Information

Informants name: _____

Age: _____ Male or Female: _____

Relationship to the addict: Parent (go to Part A)

Sibling (go to Part B)

Part A: Parents

Is the addict still abusing drugs or alcohol?

Yes _____ No_____ length of time they have been managing their problem_____

Are they the biological, adoptive or step-parent of the addict?

_____

Are they presently married, living with, separated or divorced from the addict's other parent? _____

If they are currently married, what is the length of time they have been married?

_____

Are any other family members having difficulties with addiction? Which ones?_____

Do they have a history of substance addiction?

_____

Part B: Siblings

Is the addict still abusing drugs or alcohol?

Yes _____ No_____ length of time they have been managing their problem_____

Are they older or younger than the addict?

_____

Are they the biological, adoptive or step brother/sister of the addict?

_____

Are any other family members having difficulties with addiction? Which ones?_____

Do they have a history of substance addiction?

_____

Guiding Questions for interviews

A sample of questions which could be asked during the interviews with participants. (To be used after the participant has told their story.)

1. How do you refer to the addiction in your family?
2. If you met someone who had never experienced addiction in their family what would you tell them it was like?
3. Has addiction always meant the same thing to you?
4. If you were trying to explain what addiction has meant to you to a counsellor or some other professional what would you tell them?
5. What does addiction mean to your family?

Community Support Agencies

AADAC: Phone: 427-2736 (Downtown) or 422-1302 (West End)

Cost: free

Nar-Anon: Phone: 988-3281

Cost: free

Al-Anon/ Alateen: Phone: 433-1818

Cost: free

University of Alberta Student Help: Phone: 492-4397

Cost: free for students